



## Laguna College of Art + Design 2021-2022 Low Income Verification – Independent

**Student Name:** \_\_\_\_\_ **SSN:** XXX – XX -

The 2019 income reported on the 2021-2022 Free Application for Federal Student Aid (FAFSA) appears to be exceptionally low relative to your family size. Before we can continue to process the student's financial aid, we must verify this information.

Please complete the worksheet below by providing Student income and expense information for the calendar year 2019. Attach any supporting documentation that you feel may provide a clearer picture of the information provided.

**DO NOT LEAVE BLANKS.** *Incomplete forms will be returned.*

I/We (Student) filed a 2019 Federal income tax return:     Yes     No    If yes, please attach a signed copy.

Student(s) 2019 Annual Income + Resources	Calendar Year 2019	Student(s) 2019 Living Expenses	Calendar Year 2019
1. Earnings from Employment	\$ _____	1. Rent/Mortgage	\$ _____
2. Child Support	\$ _____	2. Utilities	\$ _____
3. TANF	\$ _____	3. Food	\$ _____
4. Food Stamps	\$ _____	4. Transportation	\$ _____
5. Subsidized Housing	\$ _____	5. Child Care	\$ _____
6. Unemployment Benefits	\$ _____	6. Education	\$ _____
7. Workers' Comp or Disability	\$ _____	7. Medical/Dental	\$ _____
8. Monetary Gifts	\$ _____	8. Insurance	\$ _____
9. Housing, Food, or other living expenses paid by others	\$ _____	9. Personal/Entertainment	\$ _____
10. Cash Support from others	\$ _____	10. Other ( <i>Specify</i> )	\$ _____
11. Financial Aid	\$ _____	_____	\$ _____
12. Other ( <i>Specify</i> )	\$ _____	_____	\$ _____
_____	\$ _____		
_____	\$ _____		
<b>Total 2019 Student</b>	<b>\$ _____</b>	<b>Total 2019 Student Expenses</b>	<b>\$ _____</b>

If the total 2019 income is less than the total 2019 expenses, explain how the living expenses were paid. For each living expense reported as \$0, explain how you lived with \$0 expenses. Please attach a separate sheet of paper if you need additional space.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STUDENT CERTIFICATION:**

By signing this worksheet, I certify that the information provided above is complete and correct. I understand that this information will be reviewed and I may be asked to provide additional documentation or clarification pertaining to my situation stated above.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

