



Financial Aid Office
 2265 Laguna Canyon Rd.
 Laguna Beach, CA 92651
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Laguna College of Art + Design

2023-2024 Low Income Verification - Independent Student

Student Name: _____ **SSN:** XXX - XX -

The 2021 income reported on the 2023-2024 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 income and expense information for the calendar year 2021. 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.

FILED A 2021 FEDERAL INCOME TAX RETURN YES NO *IF YES, PLEASE ATTACH A 2021 IRS TAX TRANSCRIPT.*

2021		2021			
Annual Income + Resources		Annual Living Expenses			
CALENDAR YEAR 2021		CALENDAR YEAR 2021			
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	Worker's Comp / 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>(please specify)</i>	\$ _____
11	Financial Aid	\$ _____			\$ _____
12	Other <i>(please specify)</i>	\$ _____			\$ _____
		\$ _____			\$ _____
TOTAL 2021			TOTAL 2021		
Annual Income and Resources		\$ _____	Annual Living Expenses		\$ _____

If the total 2021 income is less than the total 2021 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 Signature: _____ Date: _____