



Laguna College of Art + Design

2026-2027 Low Income Verification - Independent Student

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

The **2024** income reported on the **2026-2027** 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 **2024**. 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 FILED A **2024** FEDERAL INCOME TAX RETURN YES NO IF YES, PLEASE ATTACH A **2024** IRS TAX TRANSCRIPT.

2024		2024			
Annual Income + Resources		Annual Living Expenses			
CALENDAR YEAR 2024		CALENDAR YEAR 2024			
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 2024		TOTAL 2024			
Annual Income and Resources		\$ _____	Annual Living Expenses	\$ _____	

If the total **2024** income is less than the total **2024** 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: _____