

**2017-2018
Low Income
Verification Form**

MAIL THIS FORM TO:
SUNY Jefferson Enrollment Services Center
1220 Coffeen Street
Watertown, NY 13601

Student's Name: _____

Student ID#: J _____

The income you and/or your family reported on your FAFSA appears to be insufficient to have supported your household during 2015. Please itemize your income and expenses below. We cannot continue to process your application for financial assistance until this form is completed and returned. ***Amounts need to be entered even if this expense is paid by someone else ***

Independent - Student (and spouse if married)

**Name of the person
or Organization who
paid this expense**

**Who's name is on
this bill?**

**Dependent – Student and Parent(s)
Monthly Living Expenses For 2015**

Amount

	Amount	Name of the person or Organization who paid this expense	Who's name is on this bill?
Amount for rent /mortgage where you live	\$		
Amount of the utility bill	\$		
Cost of food for your household	\$		
Cost of transportation, auto payments and gas	\$		
Monthly Medical, Personal, other (please specify)	\$		
Total Monthly Expenses	\$		

Household Income for 2015

**Student
(and spouse if married)**

**Parent(s)
(If applicable)**

	Student (and spouse if married)	Parent(s) (If applicable)
Income Earned from Work	\$	\$
Child Support Received for all Children	\$	\$
Alimony	\$	\$
AFDC, Public Assistance, Section 8 or SNAP	\$	\$
Social Security Income or SSI	\$	\$
Veteran's Non-Education Benefits	\$	\$
Unemployment Compensation	\$	\$
Disability Benefits	\$	\$
Pension or Retirement Distributions	\$	\$
Worker's Compensation Benefits	\$	\$
Housing/Food or Other Living Allowances (military, clergy, teachers)	\$	\$
Loans or bills paid on your behalf, financial support from others, gifts or cash support from others (please specify):	\$	\$
Other (please specify):	\$	\$
Total Monthly Income	\$	\$

Your average monthly expenses from "**Monthly living expenses for 2015**" should be LESS THAN OR EQUAL TO your "**Monthly Income for 2015**". **IF IT IS NOT**, please write an explanation of how you met your average monthly expenses on the back of this form.

I certify that all of the information reported above is complete and accurate.

Student's Signature

Date

Parent's Signature (if applicable)

Date

Return completed form, along with any other pertinent documents to:
SUNY Jefferson Enrollment Services Center, 1220 Coffeen Street, Watertown, NY 13601
Phone: (315) 786-2437 Fax: (315) 786-2349