

**2018-2019  
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 2016. 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 and relationship**

**Dependent – Student and Parent(s)**

**of the person who**

**Who's name is on**

**Monthly Living Expenses For 2016**

**Amount**

**paid this expense**

**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)	\$		
<b>Total Monthly Expenses</b>	\$		

**Household Income for 2016**

**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):	\$	\$
<b>Total Monthly Income</b>	\$	\$

Your average monthly expenses from "**Monthly living expenses for 2016**" should be LESS THAN OR EQUAL TO your "**Monthly Income for 2016**". **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