

**2019-2020
Low Income
Verification Form**

MAIL or BRING THIS FORM TO:
SUNY Jefferson Enrollment Services
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 2017. 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)

Dependent – Student and Parent(s)

**Name and relationship
of the person who
paid this expense**

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

Monthly Living Expenses For 2017

Amount

Monthly Living Expenses For 2017	Amount	Name and relationship of the person 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 for 2017	\$		

Household Income for 2017 (Please list Monthly Amounts)

**Student
(and spouse if married)**

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

Household Income for 2017 (Please list Monthly Amounts)	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 for 2017	\$	\$

Your **"Total Monthly Expenses for 2017"** should be LESS THAN OR EQUAL TO your **"Total Monthly Income for 2017"**. **IF IT IS NOT**, please write an explanation of how you met your monthly expenses (food, a place to live, etc.) 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, 1220 Coffeen Street, Watertown, NY 13601
Phone: (315) 786-2437 Fax: (315) 786-2349