



2019-2020 No Income Verification Form

PERSONAL INFORMATION

Form fields for personal information: Last Name, First Name, M.I., Student A#, Address, Phone Number, City, State, Zip Code.

Independent students or Parent(s) of dependent students who have no income must complete this form.

The income you reported as received in the calendar year 2017 on the FAFSA application was "zero", and appears to be insufficient to support you and/or your family. Federal guidelines require that low/zero income information reported on the FAFSA be verified. Please complete this form and return it to the Financial Aid Office.

Please provide a clear and legible response to ALL of the following questions. If you fail to answer all questions, or leave any question blank, this will delay the processing of your financial aid application.

- 1. The person completing this form is: ___ Student ___ Parent
2. Did you or a family member have any source of income in 2017? ___ Yes ___ No - If yes, please indicate the source and amount below:

Table with 2 columns: INCOME SOURCE and AMOUNT RECEIVED IN 2017. Rows include Social Security Benefits/SSI, Earnings from work, Unemployment Compensation, VA Education Benefits, Child Support Received, Alimony Received, Public Assistance (food stamps, housing), Money spent from savings, Private Loans, Monetary gifts from relatives or friends, Disbursements/Withdrawal from Pension/Annuity, and Other.



If you answered No, please explain how you were supported or supported the family in the space provided on the back of this form. Attach a separate sheet if necessary.

Please explain how you lived in 2017. Explain who paid your rent, utilities, and provided food.

CERTIFICATION STATEMENT

I certify that this information is true and correct to the best of my knowledge. Additionally, I understand purposely giving false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment. Please be aware that income indicated on this form and not listed on your FAFSA will be corrected if the change affects your Expected Family Contribution (EFC).

Student Signature _____ Date _____

Parent Signature _____ Date _____