



Office of Financial Aid  
**Independent Student**  
**Verification of Low Income**  
2018-2019

The Office of Financial Aid is in the process of reviewing your request for financial aid and has found that additional information is required in order to determine your eligibility. On the Free Application for Federal Student Aid (FAFSA) you reported one of the following:

- NO income reported in 2016;
- Some or all of the income section on the FAFSA was left blank; or
- You reported an unusually low income that seems inconsistent with the number of family members you support.

Please clarify how you were able to support yourself on the income provided for 2016 by completing the worksheet on the back of this page. Be sure to include:

1. ALL of your monthly costs from January 1, 2016 through December 31, 2016, showing the amounts you paid for each expense and the source by which each expense was paid.
2. ALL income you received in 2016 from any source. **Include documentation** of wages; SNAP benefits; child support; Social Security benefits; workman's compensation; insurance settlements; any other untaxed income or benefits such as military or clerical housing, clothing, money, gifts, loans, food, or the cash value of any benefits (any money paid to someone else on your behalf), etc. For example, if a friend or relative pays the rent, electric, food, cable, etc., you must report the amount as untaxed income.

If you have any questions, please contact our office at 301-860-3540.

**Please return completed form to:**  
Bowie State University  
Office of Financial Aid  
14000 Jericho Park Road  
Bowie, MD 20175  
Fax: 301-860-3549 | Phone: 301-860-3540  
Email: [financialaid@bowiestate.edu](mailto:financialaid@bowiestate.edu)



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Student's Name: \_\_\_\_\_ BSU ID # \_\_\_\_\_

**\*PLEASE DO NOT LEAVE ANY SECTIONS BLANK\***  
 For items that do not apply, write, "0" or N/A

**EXPENSES PER MONTH FOR 2016**

Item	Student's Estimated Cost per Month	Spouse's Estimated Cost per Month	Paid By	Amount Paid per Month
Rent and/or Mortgage	\$	\$		\$
Groceries (not food stamps)	\$	\$		\$
Utilities (Elec., Gas, Water & Cable)	\$	\$		\$
Telephone	\$	\$		\$
Medical/Dental	\$	\$		\$
Child Support/Alimony	\$	\$		\$
Transportation/Car Payment	\$	\$		\$
Auto Insurance	\$	\$		\$
Clothing	\$	\$		\$
Entertainment/Recreation	\$	\$		\$
<b>TOTAL</b>	\$	\$		\$

**INCOME PER MONTH 2016**

Source	Amount Received Per Month	
	Student	Spouse
Wages from employment (provide W-2's with Employers name or Business Income if self-employed)	\$	
Child Support/Alimony Received (circle which applies)	\$	
SNAP Benefits (provide types and amounts)	\$	
Social Security/SS Disability (circle which applies)	\$	
Workers Compensation/Unemployment (circle which applies)	\$	
Monetary gifts from family/friends	\$	
Military or clerical housing, clothing, food, or cash (list cash value)	\$	
Other untaxed income (provide source)	\$	
Financial Aid refund used for living expenses (yearly)	\$	
<b>TOTAL</b>	\$	

**Certification – Read carefully before you sign.**

*I/we certify that federal law does not require me/we to file a 2016 U.S. federal income tax return and that one will not be filed. I hereby certify that all information contained in this document, including the documentation is true and complete. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my eligibility for Federal and State student aid may be jeopardized and I may be reported to the U.S. Department of Education for possible investigation by the Office of the Inspector General.*

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Spouse's Signature (optional)

\_\_\_\_\_  
 Date