



Office of Financial Aid
**Verification of Low Income
Dependent Student
2019-2020**

Student's Name: _____ BSU ID#: _____

Please complete the following worksheet so the financial aid office can determine how you met expenses throughout the 2017 fiscal year.

Annual Assistance/Untaxed Income for calendar year 2017

- | | |
|--|----------|
| <input type="checkbox"/> Welfare Benefits, TANF, AFDC, WIC | \$ _____ |
| <input type="checkbox"/> Social Security Benefits | \$ _____ |
| <input type="checkbox"/> Food Stamps (SNAP) | \$ _____ |
| <input type="checkbox"/> Housing Assistance | \$ _____ |
| <input type="checkbox"/> Child Support | \$ _____ |
| <input type="checkbox"/> Worker's Compensation | \$ _____ |
| <input type="checkbox"/> (CRSC) Combat-related | \$ _____ |

(***In-kind support** references the amount of money you would have to pay if not for utilizing another individual or family's non-cash resources.) You are required to complete the **in-kind support** list below with estimated yearly amounts.

Rent/Housing \$ _____ Household Expenses \$ _____ Food \$ _____ Clothing \$ _____
Cell Phone \$ _____ Medical \$ _____ Insurance \$ _____ Car/Transportation \$ _____
Misc. Expenses \$ _____

(***Cash support** is money given to you for bills in **your name** paid for you by someone else.) **You are required** to complete the **cash support** list below with estimated yearly amounts.

Rent/Housing \$ _____ Household Expenses \$ _____ Food \$ _____ Clothing \$ _____
Cell Phone \$ _____ Medical \$ _____ Insurance \$ _____
Car/Transportation \$ _____ Misc. Expenses \$ _____

My signature denotes that all of the above information is true to the best of my knowledge.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____