

**Income Verification - 2020-2021**

INCWKS

STUDENT ID: \_\_\_\_\_

 \_\_\_\_\_  
 LAST NAME FIRST NAME MI

Size of Household: \_\_\_\_ (Check one) Dependent: \_\_\_\_ Independent: \_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_

 The 2018 income information provided on the 2020-2021 *Free Application for Federal Student Aid (FAFSA) Form* for the number of people reported in the household appears deficient. **Please be advised this worksheet will be returned for additional information if it is incomplete.** The College will email and/or call if the form is incomplete.

Check the benefits you receive:

 \_\_\_\_ TANF    \_\_\_\_ Section 8 Housing    \_\_\_\_ Social Security    \_\_\_\_ WIC    \_\_\_\_ Scholarship/Other Financial Aid  
 \_\_\_\_ Food Stamps    \_\_\_\_ Medicare/Medicaid    \_\_\_\_ VA Non-Educational Benefits    \_\_\_\_ Other Income  
 \_\_\_\_ DCF/Foster Care Stipend    \_\_\_\_ Road to Independence Stipend

 Please provide a response for **each** box below, addressing January 1, 2018 through December 31, 2018; include all funding received such as financial support from family members, and private/public agencies.

 Note: You **MUST** complete ALL of the boxes below. If something does not apply to you, enter a "0" but do not leave any blank spaces.

<b>STUDENT</b>	<b>INCOME SOURCES AND AMOUNTS IN 2018 (ANNUAL AMOUNTS ONLY)</b>	<b>PARENT/SPOUSE</b>
\$ _____	Earnings from Work	\$ _____
\$ _____	Unemployment Compensation	\$ _____
\$ _____	Child Support Received	\$ _____
\$ _____	Alimony Received	\$ _____
\$ _____	Money Received/Paid on Your Behalf (e.g., for bills or cash given for expenses)	\$ _____
\$ _____	Cash Gifts (e.g., money given to you only once)	\$ _____
\$ _____	Public Assistance: Food Stamps (SNAP)	\$ _____
\$ _____	Public Assistance: Housing (TANF), Utilities, etc.	\$ _____
\$ _____	Social Security	\$ _____
\$ _____	Money from Savings	\$ _____
\$ _____	Loans/Financial Aid Received	\$ _____
\$ _____	Veterans Non-Education Benefits	\$ _____
\$ _____	Other Untaxed Income (please specify below)	\$ _____

 Please provide a breakdown of your household expenses (ex: housing, utilities, food, transportation, etc. explaining how you and/or your family survive within the stated budget. Use an additional sheet if more space if needed but **do not leave this information blank:**

 \_\_\_\_\_  
 \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

 Office of Student Financial Services  
 999 Avenue H, N.E.  
 Winter Haven, FL 33881-4299  
 Phone: 863.297.1004 | Fax: 863.298.6850 | Email: [financialaid@polk.edu](mailto:financialaid@polk.edu)