

**Income Verification - 2023-2024**

STUDENT ID: \_\_\_\_\_ Phone: \_\_\_\_\_-\_\_\_\_\_

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

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

The 2021 income information provided on the 2023-2024 *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 contact the student 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, 2021, through December 31, 2021**; include all funding received such as financial support from family members, and private/public agencies.

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

<b>STUDENT</b>	<b>INCOME SOURCES AND AMOUNTS IN 2021 (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 is needed but **do not leave this information blank:** \_\_\_\_\_

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

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

Polk State College  
 Office of Student Financial  
 Services 999 Avenue H, N.E.  
 Winter Haven, FL 33881-4299  
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