

INCOME VERIFICATION WORKSHEET

INCWKS

STUDENT ID: _____		YEAR/TERM: _____	
LAST NAME _____		FIRST NAME _____	
		MI _____	
Size of Household: _____	<input type="checkbox"/> DEPENDENT	<input type="checkbox"/> INDEPENDENT	Phone: _____ - _____ - _____

The 2015 income information on your 2016-17 Free Application for Federal Student Aid (FAFSA) does not appear to be sufficient to support your reported household size. **This worksheet will be returned to you for additional information if it is incomplete. We will email and/or call to alert you.**

Circle which of these benefits you receive:

TANF Section 8 Housing Social Security WIC Scholarship/ other Financial Aid

Medicare/Medicaid VA Non-educational benefits Other Income DCF/Foster care stipend

Road to Independence Stipend

Provide a response for each box below addressing income received or earned from January 1, 2015 through December 31, 2015. Please provide all financial assistance you received for the year. Add an extra sheet if needed. Include all monies as well as any other financial support you received from family members, private and/or public agencies.

Please provide a response to ALL of the questions below. DO NOT LEAVE ANY QUESTION BLANK.

Note: If a monetary item does not apply to you, enter a "0". DO NOT LEAVE ANY BLANK SPACES.

STUDENT	INCOME SOURCES AND AMOUNTS IN 2015 (ANNUAL AMOUNTS ONLY)	PARENT/SPOUSE
\$	Earnings from work	\$
\$	Unemployment compensation	\$
\$	Child support received	\$
\$	Alimony received	\$
\$	Money received or paid on your behalf (for your bills or cash given to you for expenses)	\$
\$	Cash gifts	\$
\$	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 here:	\$

1. Please thoroughly explain your monetary and living conditions; describe how you and/or your family survived with the budget stated above. Include an additional sheet if needed. **DO NOT LEAVE BLANK.**

Student's Signature: _____ Date: _____

Parent's Name: _____ Signature: _____ Date: _____

Office of Student Financial Services
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