Income Verification - 2020-2021

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.

STUDENT INCOME SOURCES AND AMOUNTS IN 2018 (ANNUAL AMOUNTS ONLY)                 PARENT/SPOUSE

$____  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

Polk State College is committed to equal opportunity/equal access in its programs, services, and activities.