

INCOME VERIFICATION WORKSHEET

INCWKS

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

The 2015 income information on your 2017-18 Free Application for Federal Student Aid (FAFSA) for the number of people you reported in your household appears deficient. **Please be advised 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 Food Stamp
 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, 2015 through December 31, 2015.

Include all monies such as financial support you received from family members, private and/or 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 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:	\$

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

Student's Signature: _____ Date: _____

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

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