

2016-2017 Household Resources Verification Document

Student _____ Parent _____

Student's Name _____ **NEIU ID#** _____

You have indicated an unusually low income for your family and/or yourself in 2015. When total income reported seems to be too low to meet living expenses, federal guidance recommends that we determine how your monthly expenses were paid and by whom. Additional information or documentation may be required if this form is incomplete, unclear, insufficient or if questions arise. Please do not leave any section blank.

2015 MONTHLY EXPENSES		
TYPE OF EXPENSE	Average Amount Paid per Month	How Expenses were Paid
Housing Status: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Living with Relative/Other and pay no housing expenses	\$ _____	<input type="checkbox"/> Self <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Other _____
Housing Utilities: (gas, power, water, internet, etc.)	\$ _____	<input type="checkbox"/> Self <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Other _____
Food	\$ _____	<input type="checkbox"/> Self <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Other _____
Transportation Expenses: (car payment, gas, insurance, etc.)	\$ _____	<input type="checkbox"/> Self <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Other _____
Miscellaneous Expenses: (child care, cell phone, credit cards, etc.)	\$ _____	<input type="checkbox"/> Self <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Other _____
A. TOTAL MONTHLY EXPENSES	\$ _____	X 12 = \$ _____

2015 ANNUAL HOUSEHOLD RESOURCES

TYPE OF RESOURCE	Student/Spouse	Parents
Income earned from work. (Provide W-2, recent pay stub or proof of earnings)		
Child support received for all children		
Disability Benefits other than Social Security		
Estimated Financial Aid Received		
Housing/Rent paid to members of military, clergy and others incl. cash benefits on your behalf		
Pensions or retirements benefits		
Social Security benefits (incl. SSI, SSA)		
Unemployment or Worker's compensation		
Veterans Non-Education benefits--specify type: _____		
Welfare Benefits: AFDC/ADC or TANF		
Other money received or paid on the applicant's behalf Specify from whom: _____		
B. TOTAL HOUSEHOLD RESOURCES (Must be greater than ZERO)	\$ _____	\$ _____

By signing this form, I affirm that all information and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information provided. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal and/or repayment of financial aid.

Student's Signature _____ **Date** _____

Parent/Spouse Signature _____ **Date** _____