



Office of Student Financial Aid
T.H. Harris Annex Bldg. 139A
P.O. Box 9961
Baton Rouge, Louisiana 70813-9961
(225) 771-2790 fax: (225) 771-5898
www.subr.edu

Unusually Low Income Verification Form 2016-2017(AY)

Name _____ CWID _____
(Please Print: Last name, First name, MI)

Unusually Low Income: _____ Parent(s) _____ Student/Spouse

You (and your Spouse, if married) or your Parent(s) (if Dependent) reported income for 2015 that was unusually low. Please indicate how your family's household expenses were paid from January 1, 2015 to December 31, 2015. Please enter amounts for all items. If the item does not apply indicate "zero".

Expenses for 2015:

Housing

Rent/Mortgage: Amount per Month \$ _____ Number of Months _____ Yearly Total \$ _____
From what source was this paid? _____

Utilities (Electricity/Gas/Water and Sewage)

Electricity/Gas: Amount per Month \$ _____ Number of Months _____ Yearly Total \$ _____
From what source was this paid? _____

Water and Sewage: Amount per Month \$ _____ Number of Months _____ Yearly Total \$ _____
From what source was this paid? _____

Transportation (Car Note and Insurance)

Car Note: Amount per Month \$ _____ Number of Months _____ Yearly Total \$ _____
From what source was this paid? _____

Insurance: Amount per Month \$ _____ Number of Months _____ Yearly Total \$ _____
From what source was this paid? _____

Personal

Food: Amount per Month \$ _____ Number of Months _____ Yearly Total \$ _____
From what source was this paid? _____

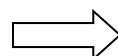
Medical: Amount per Month \$ _____ Number of Months _____ Yearly Total \$ _____
From what source was this paid? _____

Daycare: Amount per Month \$ _____ Number of Months _____ Yearly Total \$ _____
From what source was this paid? _____

TOTAL YEARLY EXPENSES: _____

Please provide an explanation for any item that was not required for a 12 month period or that was not required at all: _____

PLEASE COMPLETE REVERSE



Student's Name _____ CWID _____
(Please Print: Last name, First name, MI)

Income for 2015: Please provide the following information regarding your income for 2015:

Income Source	2015 Untaxed Income Student/Spouse	2015 Untaxed Income Parents (Dependent Students only)	Number of Months Received	Total Income from this source for 2015
Earned Income for W-2's, business or farm				
Unemployment Compensation				
Social Security Benefits				
AFDC/TANF				
Child Support				
Food Stamps Received				
Housing Assistance				
Disability Income				
Worker's Compensation				
Financial Aid/Scholarships				
Other:				
Other:				
Other:				

Cash Support Received in 2015 (Students Only)

Amount: \$ _____

(Cash Support is defined as money, gifts, loans, or any other expense(s) paid on your behalf such as housing, food, clothing, car payments or other expenses such as bills, medical or dental care).

TOTAL YEARLY INCOME: _____

If the total amount of expenses is greater than your total income please explain how this expense was provided for.

Signatures: This form must be signed by the student (if independent) or by the student and at least one parent (if dependent).

By signing this worksheet, we certify that all the information reported to qualify for federal student aid is complete and correct. We also certify that we understand that the Office of Financial aid may request additional information to verify information reported on this form.

Student's Name (print)

Signature

Date

Spouse's Name (if married) - Optional

Signature

Date

Parent's Name (if Dependent) (print)

Signature

Date

WARNING: Purposely providing false or misleading information on this form may result in a fine, imprisonment, or both