



Verification Worksheet: Low-Income Form

Last Name First Name Social Security Number Student ID Number

This information is being requested because the income reported on your 2022-2023 FAFSA appears low for your household size. So that we can fully understand your family's financial situation, please provide below information about any other resources, benefits, and other amounts you and/or your parents/spouse received in 2020. This may include items that were not required to be reported on the FAFSA. Write '0' or 'N/A' for items that do not apply. Do Not Leave Blanks.

Table with 4 columns: Source of Income, Student, Spouse (if applicable), Parent(s) (if dependent student). Rows include 2020 Work Income, Social Security Benefits, Subsidized Housing Program/Housing Assistance, Welfare/Temporary Assistance to Needy Families (TANF), Food Stamps/SNAP, Child Support Received for all dependent children, Alimony, Unemployment Compensation, Workers Compensation or Disability Benefits, Veterans non-education Benefits, Cash Support, Excess financial aid, and Total Income*.

*If the total amount of income listed above does not exceed \$5,000 for (1-2 people in household) or \$10,000 (for 3 or more people in household), please explain in detail how the household was supported in 2020 (attach an additional sheet if more space is needed).

Three horizontal lines for providing details on household support.

Questions left blank will cause this form to be returned to you. Failure to complete this form by the advertised deadline will jeopardize your eligibility for financial aid.

By signing this worksheet, I certify all the information reported is complete and correct:

Student Signature Date Student Name (Please Print)

Spouse or Parent Signature Date Spouse/Parent Name (Please Print)

We are temporarily accepting scanned copies of these documents. Please send completed copy to finaid@nysid.edu