



## 2026-2027 Means of Support Verification

Student Name:	Student ID#:
Phone Number:	Date of Birth:
Student dependency status:	<input type="checkbox"/> Dependent <input type="checkbox"/> Independent

The income and lack of benefits reported on your 2026-2027 FAFSA is unusually low by the Department of Education’s standards. This requires us to confirm the reported information on your application. Additional documentation may be requested to verify income for 2024 or your current situation. If a longer explanation is required, please attach a separate page with your statement signed and dated. Please contact the Office of Financial Aid if you have any questions about this form.

Income/Benefits received for the _____ tax year: Please check all that apply and list amount received per month.	Student	Supporter: _____
<input type="checkbox"/> Short-term employment (Jobs)	\$	\$
<input type="checkbox"/> Food Assistance (TANF, SNAP, WIC, etc.)	\$	\$
<input type="checkbox"/> Disability Benefits (VA, SSI, etc.)	\$	\$
<input type="checkbox"/> Child Support Received	\$	\$
<input type="checkbox"/> Untaxed Student Aid (Financial Aid Refund)	\$	\$
<input type="checkbox"/> Cash Support from Other Sources (Not Jobs)	\$	\$
<input type="checkbox"/> Other: (please explain)	\$	\$
<b>Total Monthly Income</b>	<b>\$</b>	<b>\$</b>

Expenses paid for the _____ tax year: Please list amount paid per month for all that apply.	Student	Supporter: _____
Housing (Rent/Mortgage)	\$	\$
Utilities (Water/Electric/Gas)	\$	\$
Groceries/Food Expenses	\$	\$
Transportation (Gas/Public Transportation costs)	\$	\$
Personal Expenses (Clothes/Hygiene Items, etc.)	\$	\$
Educational Costs Out of Pocket (not financial aid)	\$	\$
Other: (please explain)	\$	\$
<b>Total Monthly Expenses</b>	<b>\$</b>	<b>\$</b>

Each person signing below certifies that all information provided on this form and on any accompanying documentation is true and correct to the best of his or her knowledge. Furthermore, each person signing below understands that purposely providing false or misleading information may result in a fine, imprisonment, or both.

\_\_\_\_\_  
**Student’s Signature** (cannot be typed)

\_\_\_\_\_  
**Date**

Supporter Relationship to Student:  Parent  Spouse  Other: \_\_\_\_\_

\_\_\_\_\_  
**Supporter’s Name** (Please Print) (cannot be typed)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supporter’s Signature** (cannot be typed)

Reviewed by FAA or Authorized Official: \_\_\_\_\_