



2026-2027 Means of Support Verification

The lack of income and/or benefits reported on your 2026-2027 FAFSA is unusually low by the U.S. Department of Education's standards. This requires us to confirm the reported information on your application by collecting additional information 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.

Student Name:	Student ID#:
Phone Number:	Date of Birth:
Student dependency status: ☐ Dependent ☐ Independent	

Income/Benefits received for tax year: _____ Check all that apply and list amount <u>received per month</u> .	Student received:	Supporter received: (if applicable)
☐ Short-term employment (Jobs)	\$	\$
☐ Food Assistance (TANF, SNAP, WIC, etc.)	\$	\$
☐ Disability Benefits (VA, SSI, etc.)	\$	\$
☐ Child Support Received	\$	\$
☐ Untaxed Student Aid (Financial Aid Refund)	\$	\$
☐ Cash Support from Other Sources (Not Jobs)	\$	\$
☐ Other support: (please explain)	\$	\$
Total Monthly Income	\$	\$

Expenses paid for the tax year: _____ Check all that apply and list amount <u>paid per month</u> .	Student paid:	Supporter paid: (if applicable)
☐ 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 Expenses: (please explain)	\$	\$
Total Monthly Expenses	\$	\$

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: