

**Financial Aid**

Please complete this form in its entirety as it will provide information regarding you and your family's income received and expenses that incurred during the 2023 calendar year.

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Please identify which applies to you:

\_\_\_ I am a **DEPENDENT** student (had to provide parental information on FAFSA).

\_\_\_ I am an **INDEPENDENT** student (did not have to provide parental information on FAFSA).

Please list all sources of untaxed income, resources, and benefits received for 2023. If you identified yourself as a **DEPENDENT**, you must include sources from both **you** and **your parent(s)**. If you identified yourself as an **INDEPENDENT**, you only need to include sources from **yourself** and **spouse** (if applicable).

Untaxed Income, Resources, and Benefits for 2023	Student/Spouse List Annual Amount (indicate \$0 if not applicable)	Parent(s) List Annual Amount (indicate \$0 if not applicable)
Untaxed Wages, Salaries, and Tips (non-taxable)	\$	\$
Unemployment Benefits (non-taxable)	\$	\$
Disability Benefits	\$	\$
Alimony Payments Received	\$	\$
Social Security Benefits (non-taxable)	\$	\$
Veterans Benefits (non-taxable, non-educational)	\$	\$
Financial Aid Assistance	\$	\$
Other Income (explain):	\$	\$

Please list all annual expenses paid in 2023.

Household Expenses: Student, Spouse, and/or Parent for 2023	List Annual Amount (indicate \$0 if not applicable)
Rent or Mortgage Payment	\$
Utilities (e.g. water, gas, electric)	\$
Phone (cellphone and/or home phone)	\$
Automobile Expenses (e.g. payments, gas, insurance, maintenance)	\$
Health Care (e.g. medical, dental, vision)	\$
Child Care (e.g. daycare, babysitter, tuition)	\$
Personal Expenses (e.g. toiletries, clothing)	\$
College Expenses (e.g. tuition, food and housing, fees)	\$
Other Expenses (explain):	\$

**Certification and Signatures**

By signing below, I/we acknowledge and confirm that the information provided on the 2025-2026 Household Income and Expense Verification Form is complete and accurate. Purposely giving false or misleading information may result in federal fines, jail sentence, or both. If the student is dependent, the parent whose information was reported on the FAFSA must sign and date this form.

If you identified yourself as a **DEPENDENT**, this form must be signed by you and your parent(s). If you identified yourself as an **INDEPENDENT**, only your signature is required. **Electronic signatures are not acceptable.**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_