

**Income Resource
Certification
2009-2010**

Student Info	
Name (Last, First)	
Banner ID (Axxxxxxxx)	
Permanent Address - Street	
City	
State	Zip Code
Permanent email address	

Overview

As part of the verification process, this worksheet must be completed in order to resolve discrepancies reported on the 2009-2010 FAFSA.

This worksheet must be submitted to the Financial Aid Office before we can credit your student account.

Report annual amounts for calendar year 2008.

Resource Information

- Did you file a 2008 Federal Tax Return?
 - No
 - Yes, please submit a copy of the return with your W-2s to this office.
- In 2008, did you receive/earn any income for which you did not file a tax return?
 - No
 - Yes, what was the total amount earned from January through December 2008? _____
- Are you married?
 - No
 - Yes, date of marriage _____
- Are you separated?
 - No
 - Yes, date of separation _____
- Are you divorced?
 - No
 - Yes, date of divorce _____
- Did you have any other resources during 2008 that may help explain how you lived?
 - No
 - Yes, please explain and list amounts

- Are you currently employed?
 - No
 - Yes, by whom? _____
Start date _____
Gross monthly earnings _____
- Were you claimed as a dependant for income tax purposes in 2008?
 - No
 - Yes, by whom? _____
- Complete the information below to show where and with whom you lived January through December 2008.

Address 1	Address 2	Address 3
Street _____	Street _____	Street _____
City _____	City _____	City _____
State _____ Zip Code _____	State _____ Zip Code _____	State _____ Zip Code _____
Dates you lived here _____	Dates you lived here _____	Dates you lived here _____
Name 1 / Relationship to you _____	Name 1 / Relationship to you _____	Name 1 / Relationship to you _____
Name 2 / Relationship to you _____	Name 2 / Relationship to you _____	Name 2 / Relationship to you _____
Name 3 / Relationship to you _____	Name 3 / Relationship to you _____	Name 3 / Relationship to you _____
Name 4 / Relationship to you _____	Name 4 / Relationship to you _____	Name 4 / Relationship to you _____

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Verification

By signing below, you verify that the information on this form is accurate and complete.

Signature

Date

Current Address - Street

City

State Zip Code

Telephone Number

10. Do you have any of the following expenses? If so, please provide the requested information:

2008 Expenses	Amount / Month	How these expenses were paid
Rent		
Utilities		
Food		
Clothing		
Medical		
Transportation		
Personal		
Total / Month		

2009 Expenses	Amount / Month	How these expenses are paid
Rent		
Utilities		
Food		
Clothing		
Medical		
Transportation		
Personal		
Total / Month		

11. If you are able to live on less money than what is usually expected or if special circumstances apply, please explain below:
