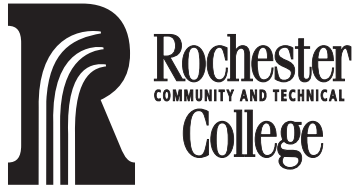




851 30<sup>th</sup> Avenue SE  
 Rochester, MN 55904-4999  
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## Low Income Verification Worksheet 2008-2009 School Year

The purpose of this worksheet is to help us understand how you and your family met your basic living expenses for 2007. Our intent is to gain a better understanding of your financial situation, so that we may make a fair and accurate assessment regarding your eligibility for all types of financial aid programs.

Please fill in this form completely. Enter 0 where appropriate. If a question does not apply to your situation, write "N/A."

**Student Name** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

### 2007 Income:

Source of Income	Student (LIST TOTAL AMOUNT FOR 2007)	Parent(s) (LIST TOTAL AMOUNT FOR 2007)
Wages	\$	\$
Business income	\$	\$
Interest and dividends	\$	\$
Income from trusts or other assets	\$	\$
Unemployment	\$	\$
Social Security/SSI	\$	\$
MFIP or other federal/state benefits (including food stamps)	\$	\$
Earned income credit and additional child tax credit	\$	\$
Refunds of state taxes	\$	\$
Child support/alimony received	\$	\$
Cash gifts given to you	\$	\$
Estimated value of non-cash benefits (example: housing provided in lieu of wages)	\$	\$
Estimated value of food you provide for yourself and your family (through farming, hunting, fishing, etc.)	\$	\$
Other income: Please list	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>Total Income</b>	<b>\$</b>	<b>\$</b>

**Please provide expense information on the reverse of this form.**



**2007 Expenses:**

<b>Expense Item</b>	<b>Student (LIST TOTAL AMOUNT FOR 2007)</b>	<b>Parent(s) (LIST TOTAL AMOUNT FOR 2007)</b>
Rent or Mortgage	\$	\$
Utilities (Heating, water, electricity, garbage, etc.)	\$	\$
Telephone	\$	\$
Renter's/Homeowner's insurance	\$	\$
Food	\$	\$
Household supplies	\$	\$
Car payment or public transportation cost	\$	\$
Automobile Insurance	\$	\$
Gas and vehicle maintenance	\$	\$
Clothing	\$	\$
Laundry and dry cleaning	\$	\$
Personal items	\$	\$
Medical insurance (if paid from your monthly net income)	\$	\$
Out of pocket medical payments	\$	\$
Debt payments (consumer and personal)	\$	\$
Entertainment	\$	\$
Child support or alimony paid	\$	\$
Other expenses (please list):	\$	\$
	\$	\$
	\$	\$
<b>Total Expenses</b>	<b>\$</b>	<b>\$</b>

**In this section, please provide any information which will help the Financial Aid Office understand your family/income situation during 2007. (i.e.: lived in a foreign country/moved to the U.S. during 2007, divorce, loss of job, relocation, etc.) If your expenses were MORE than your income, please explain how you met these expenses.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I certify that all information provided is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information I have given on this form.

**Warning:** If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_