



Northwestern State University
212 Student Services Center
Natchitoches, Louisiana 71497

Office of Student Financial Aid
Telephone (318) 357-5961
Fax (318) 357-5488
Email nsufinaid@nsula.edu

2020-2021 Verification of Low-Income Worksheet

Your Student Aid Report indicated that you have reported an unusually low amount of income. Please complete and return this form to verify your **2018 monthly expenses** and how these expenses were paid. Your financial aid **will not** be processed until this form has been completed, returned, and verified.

Student's Name / Last 5 digits of SSN / NSU Student ID#

Please check one of the following and supply the information for the appropriate person(s):

___ I am a **DEPENDENT** student: Please report the 2018 expenses in the expense box below with your **parent(s) information** even if you did not live with your parent(s) during 2018.

___ I am an **INDEPENDENT** student: Please report the 2018 expenses in the expense box below with **student/spouse information**.

Please indicate in the box below the **Monthly Cost for 2018** for each item listed and check the source(s) used to pay each expense. **IMPORTANT PLEASE NOTE THE FOLLOWING:**

- If someone pays the monthly expense on your behalf or on your parents behalf (if dependent), then please include what amounts are paid monthly.
- If you or parent (if dependent) are living with relatives/friends who cover your monthly costs, please include what monthly amounts are paid on your behalf.
- In all cases if someone else is providing financial support for you or your parents (if dependent), then you must **provide a signed statement from the person providing the support.**

Please do not leave any item blank

Type of Expenses	Approximate Monthly Costs for 2018	Please check which sources were used to pay these Monthly Expenses and provide verification			
		Relatives	Public Assistance	Income from Work	Other: Please Specify by listing the source
Housing/Rent	\$				
Utilities	\$				
Food	\$				

Include any comments that might explain your support for 2018, such as not having to pay rent/mortgage or if someone else provided room and board at no cost to you and/or parent during the year of 2018.

Please continue on to 2nd page



Northwestern State University
 212 Student Services Center
 Natchitoches, Louisiana 71497

Office of Student Financial Aid
 Telephone (318) 357-5961
 Fax (318) 357-5488
 Email nsufinaid@nsula.edu

Please list the annual amount received for 2018. Please indicate a \$0 amount if there is no income or if it does not apply.

Student/Spouse 2018 Annual Amount	Source of Income and Support	Parent(s) 2018 Annual Amount
\$ _____	Child support you received for all children. Do not include foster care or adoption payments. Please note that if Northwestern believes that the information regarding child support received is not accurate, we may require additional documentation Such as: print out from Child Support Enforcement office, statement from person paying child support, copies of cancelled checks from year requested.	\$ _____
\$ _____	Housing, food and other living allowances paid to members of the military, Clergy, and others (including cash payments and cash value benefits). Don't include the value of on-base military housing or the value of basic military allowance for housing.	\$ _____
\$ _____	Veterans' non-education benefits, such as Disability, Death pension or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$ _____
\$ _____	SSI/Social Security Benefits	\$ _____
\$ _____	Department of Public Assistance (Welfare)	\$ _____
\$ _____	Food Stamps	\$ _____
\$ _____	Housing Assistance	\$ _____
\$ _____	Workers' Compensation	\$ _____
\$ _____	Alimony	\$ _____
\$ _____	Unemployment Compensation	\$ _____
\$ _____	Parent/Relatives/Friend	\$ _____
\$ _____	Money received and/or any money paid on your behalf (e.g., payment of bill) not reported elsewhere on this form.	\$ _____
\$ _____	Other untaxed income not reported and excluded elsewhere on this form.	\$ _____

CERTIFICATION AND SIGNATURE

Each person signing below certifies that all of the information reported is complete and correct. The student whose information was reported on the FAFSA must sign and date and at least one parent must also sign and date. **Warning:** If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both.

Student's Signature _____

Date _____

Parent's Signature _____
 (Required for Dependents Students)

Date _____