



Feather River College – Financial Aid Office

2016-2017 Dependent Low Earned Income Verification Worksheet

Student Name: _____ FRC ID: _____

You indicated on your FAFSA and verification documents that you and your family have a low amount of earned income. Please complete both sides of this form and return it to the Financial Aid office.

SECTION A – FAMILY INFORMATION

1. Did you and/or your parent receive AFDC/TANF (welfare), SSI, or Social Security benefits in 2015?

NO

YES – List the type(s) of the benefit: _____

How much was received per month in 2015? \$ _____ \$ _____
You Spouse

Number of months you received assistance in 2015: _____

2. Did you and/or your parent live with a relative or someone else who provided free room and board in 2015?

NO

YES – Name: _____

Relationship: _____

Is your name listed on the lease/mortgage? YES NO

3. Did you and/or your parent earn income in another country in 2015? If NO, do not answer question 4.

NO

YES – How much? _____

4. Did you and/or your parent file taxes in another country in 2015?

NO

YES – How much? _____

(Total 2015 amount in the currency from the country listed above)



**Feather River College – Financial Aid Office
2016-2017 Dependent Low Earned Income Verification Worksheet**

SECTION B – LIST OF EXPENSES AND SUPPORT FOR 2015

You and your parent must list the monthly expenses, and indicate who paid for the expenses during the 2015 calendar year. ***If you lived with someone, indicate what your portion would be if you were paying the expenses.*** While it may be difficult for them to determine some of these figures, it is necessary to provide us with the most accurate information.

This form will be considered incomplete and returned for completion if spaces are left blank or the explanation is missing or not enough detail was provided.

STUDENT/PARENT LIVING EXPENSES	EXPENSES List the amount paid per month from January 1, 2015 to December 31, 2015	WHO PAID THE EXPENSE?
1. Housing (rent/mortgage)	\$	
2. Utilities	\$	
3. Food	\$	
4. Child Care	\$	
5. Credit Card(s)	\$	
6. Medical/Dental	\$	
7. Auto (car payments, Insurance, maintenance)	\$	
8. Other Personal Expenses	\$	
9. TOTAL MONTHLY EXPENSES/SUPPORT	\$	
10. TOTAL YEARLY EXPENSES/SUPPORT (Line 9 x 12 months)	\$	

SECTION C – PERSONAL STATEMENT

Explain in detail how you survived on such low income in 2015 (attach paper if more space is needed).

Certification and Signatures

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

Student Signature: _____ Date _____

Parent Signature: _____ Date _____

**PLEASE NOTE: THIS WORKSHEET MUST BE SIGNED AND DATED TO BE VALID.
ELECTRONIC AND/OR DIGITAL SIGNATURES ARE NOT VALID**