



178-18 Liberty Avenue, Jamaica, New York 11433

2023-2024 Low Income Verification Form

Student's Last Name: _____ First Name: _____ ID/SSN _____

The income reported on your 2023-2024 Free Application for Federal Student Aid (FAFSA) appears insufficient to support the number of people in your household. Please complete this form to clarify how you and/or your family were able to provide for needs, such as housing, food, clothing, transportation and utility bills during **2021** only.

DO NOT leave a block blank, or this form will be returned to you. If the answer is zero, write "0".

DEPENDENT students only~Parental information must be included in addition to student's information

Expenses	Student & Spouse	Parent
Rent/Mortgage Payment		
Car Payment/Car Insurance/Other Transportation		
Groceries		
Utilities & Laundry		
Clothing		
Medical/Dental/Vision Insurance		
Child Care Expenses		
*Other (specify) Attach a separate sheet if necessary		
Total Annual Expenses		
Income/Resources	Student & Spouse	Parent
Income from Work		
Unemployment or Disability		
Child Support Received		
Social Security/ VA Benefits		
Unemployment Insurance (1099-G)		
Subsidized Housing Income		
Food Stamps (SNAP)		
TANF/WIC/Welfare		
Cash Support from Relatives/Friends		
Other:		
Total Annual Income/Resources		

If you have Dependents, fill out for 2023 ONLY

 I will provide support to my dependents listed in the household for more than 50%.

How will you be supporting yourself and your dependents listed in the household in 2023? Please explain:

I received a financial aid refund(s) to help finance my living expenses in 2021. Yes No

Each person signing this form certifies that all information reported on it is complete and accurate.

DEPENDENT students only- At least one parent **MUST** sign the form.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____