



LOW INCOME VERIFICATION FORM 2014
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Name _____

please print

Address _____

Street

City

State

Zip

Phone # _____

E-mail _____

Please complete this form to clarify how you and your family are able to provide for needs such as housing, food and utility bills during 2012-2013 so that we may properly assess your low-income verification in receiving your W.A. Scholarship.

STEP ONE:

Check the box corresponding to your situation:

- I am considered an independent adult. I will complete this form.
- I am considered a dependent, so I will have my guardian complete this form.
- I am considered mentally impaired, so I will have my conservator complete this form.

STEP TWO:

Please list any income you and/or your family received January 2011-December 2011.

This listing should include income from work, disability, unemployment, social security, child support, and/or income received from relatives/friends.

Income/Resources List
Annual Income Amounts from January 2012 - December 2012

Income from work (before taxes)

\$

Public Assistance

\$

Unemployment or disability

\$

Subsidized housing income

\$

Child Support received

\$

Food stamps

\$

Social Security Benefits

\$

Veterans Benefits (non-educational)

\$

Support from relatives/friends

\$

Please be prepared to provide supporting documentation of income. Acceptable documentation includes, but is not limited to: W-2 forms, 1099 forms, letter from Social Security Administration, print out from Employment Security Commission, print out from Child Support Enforcement and/or a notarized statement from the friend/relative who provided the income.

STEP THREE:

Enter the amount you spent **per month** in 2012-2013 (attach a separate sheet if additional space is needed).

Expenses List
Annual Expense Amounts from January 2011-December 2011

Rent/Mortgage Payment
\$

Cell Phone
\$

Car Payment
\$

Cable/Internet
\$

Car Insurance
\$

Health/Dental/Vision
\$

Vehicle Operation
\$

Medication
\$

Groceries/Food
\$

Child Care
\$

Utilities
\$

Entertainment
\$

Other (specify)
\$

STEP FOUR:

Please add any clarifying comments regarding your situation that will help with the review of your application.

STEP FIVE:

By signing below, we certify that the information provided on this form is true and correct to the best of our knowledge. We agree that if requested, we will provide documentation to support the information provided on this form. We understand that failure to provide the requested information will result in denial of scholarship funds until the documentation is provided. For dependents, the scholarship recipient and at least one parent must sign below.

Scholarship Recipient Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____