



Financial Aid Office
 444 Western Boulevard
 Jacksonville, North Carolina 28546-6816
www.coastalcarolina.edu

2021-2022 Dependent Student Low Income Verification Worksheet

The income reported for you and/or your parents on your 2021-2022 Free Application for Federal Student Aid (FAFSA) appears insufficient to support the number of people in your household. Please provide information below about any other resources, benefits, and other amounts received by the student and any members of the student's household.

Student Information

Student's Last Name _____ Student's First Name _____ Student's M.I. _____ Student's Social Security Number _____

Email Address _____ Student's Date of Birth _____

Federal Benefits

In 2019 or 2020, did your parent(s) or anyone in your parent's household receive any of the following federal benefits? Check all that apply or check None of the above.

<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	SSI (Supplemental Security Income)
<input type="checkbox"/>	SNAP (formerly known as food stamps)- Supplemental Nutrition Assistance Program
<input type="checkbox"/>	Free or Reduced Price School Lunch
<input type="checkbox"/>	TANF (Temporary Assistance for Needy Families)
<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
<input type="checkbox"/>	None of the above

Annual Income / Resources

Please list the amount received in 2019 from the listed resources below. If any item does not apply, enter "N/A" or write "0" where an amount is requested.	Parent 1	Parent 2
Income from work (gross amount)		
Unemployment Benefits		
Social Security Benefits		
Child Support Received		
Food Stamps		
Public Assistance/Subsidized Housing Income		
Workers' Compensation		
Veterans Disability		
Veterans Educational Benefits		
Support Received from Relatives/Friends		

Total Number of People Living in Home in 2019: _____

Monthly Expenses in 2019

Mortgage / rent payment **per month:** \$ _____
 Who paid? _____ Parent(s)
 _____ Bill in parent(s) name but someone else give money to pay
 _____ House is paid off
 _____ Allowed to live in someone's residence for free

Electric **per month:** \$ _____
 Who paid? _____ Parent(s)
 _____ Bill in parent(s) name but someone else give money to pay
 _____ included in rent
 _____ Allowed to live in someone's residence for free

Water **per month:** \$ _____
 Who paid? _____ Parent(s)
 _____ Bill in parent(s) name but someone else give money to pay
 _____ Included in rent / well water
 _____ Allowed to live in someone's residence for free

Cell phone / cable / internet **per month:** \$ _____
 Who paid? _____ Parent(s)
 _____ Bill in parent(s) name but someone else give money to pay
 _____ Allowed to live in someone's residence for free

Groceries / food **per month:** \$ _____
 Who paid? _____ Parent(s)
 _____ Bill in parent(s) name but someone else give money to pay
 _____ Food stamps
 _____ Allowed to live in someone's residence and eat their food

Car payment / insurance **per month:** \$ _____
 Who paid? _____ Parent(s)
 _____ Bill in parent(s) name but someone else give money to pay
 _____ Allowed to use someone else's car

Child care expenses **per month:** \$ _____
 Who paid? _____ Parent(s)
 _____ Bill in parent(s) name but someone else give money to pay
 _____ given free services from _____

Health insurance **per month:** \$ _____
 Who paid? _____ Parent(s)
 _____ Bill in parent(s) name but someone else give money to pay
 _____ No insurance
 _____ given free services from _____

Signature

BEFORE SIGNING, PLEASE CHECK FOR ACCURACY AND COMPLETENESS, THERE SHOULD BE NO BLANK OR UNANSWERED QUESTIONS. INCOMPLETE FORMS WILL BE RETURNED AND WILL DELAY PROCESSING OF YOUR FINANCIAL AID.

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

Student Signature		Date	
Parent's Signature		Date	

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