



HIGHLAND COMMUNITY COLLEGE
OFFICE OF FINANCIAL AID

VERIFICATION OF INCOME WORKSHEET 2011-2012
INDEPENDENT STUDENT

STUDENT'S NAME _____ **STUDENT ID** _____

According to information you provided on your Free Application for Federal Student Aid (FAFSA), the income you reported appears to be unusually low. Before your financial aid can be processed by our school, you must indicate below the total amount of income or benefits you received during 2010. List your income (and your spouse's) income in the STUDENT column. You may be required to provide documentation for all income reported. **DO NOT LEAVE BLANKS.** Incomplete forms will be returned.

Source of Income	Student 2010 Annual Income
Wages - from 2010 W-2's	
Social Security Income	
Business earned income	
Farm earned income	
Unemployment compensation	
Veteran's Benefits	
Child Support	
Welfare benefits/TANF	
Worker's compensation/Disability	
Federal and state financial aid (grants, scholarships, loan and work study)	
Cash received from Parent(s)/Relative(s)/Friend(s) (if dependent do not list money received from parents)	
Other (specify) _____	
Total Income	(A)

PLEASE COMPLETE ADDITIONAL INFORMATION ON REVERSE SIDE

Student (and Spouse, if married) 2010 Living Expenses

	Annual Amount	Amount you paid	Amount paid on your behalf (someone else paid)	If paid by someone else list the person or agency
Rent/Mortgage				
Utilities				
Food				
Clothing				
Medical				
Insurance				
Fuel/Transportation				
Personal/Entertainment				
Other: (list)				

Total Expenses	\$(B) _____	\$ _____	\$ _____	

If Total Expenses (B) are greater than Total Income (A) provide a statement explaining how the living expenses were paid.

CERTIFICATION

By signing this worksheet, I certify that the information provided above is complete and correct. I understand that this information will be reviewed and I may be asked to provide additional documentation or clarification pertaining to my situation stated above.

Student: _____ Date: _____