GLENVILLE STATE COLLEGE
2022- 2023 Low Income Verification Worksheet

The 2020 income you reported on your 2022-2023 FAFSA appears to be insufficient to support your household size based upon the federal estimate for the annual cost of living. Please list all expenses and sources of income for you and your parents if you are a dependent student. If you are an independent student, list expenses and income for yourself, and your spouse, if married. Please complete this form in order to clarify how your family was able to meet the minimum annual cost of living. Do not leave any blanks on the form. If the answer is zero, write 0.

Student Name: _____   Student ID: _____

AVERAGE MONTHLY EXPENSES IN 2020

Please list your average monthly living expenses in 2020, even if those expenses were not paid by you. If you are unsure of exact amounts, please use estimates. Include totals for all family members.

Housing (rent or mortgage)	$_____ monthly	Transportation	$_____ monthly
Utilities / cell phone	$_____ monthly	Child care	$_____ monthly
Food	$_____ monthly	Medical / dental	$_____ monthly
Clothing	$_____ monthly	Personal / miscellaneous	$_____ monthly
		Total Monthly Expenses	$_____

AVERAGE MONTHLY INCOME IN 2020

Please list the average monthly income in 2020 for you, and your parents if you are dependent; or, you and your spouse (if married). If you are unsure of exact amounts, please use estimates.

Wages from ALL jobs	$_____ monthly	TANF / Food Stamps / WIC	$_____ monthly
Unemployment compensation	$_____ monthly	VA Benefits	$_____ monthly
Pension / retirement	$_____ monthly	Child support	$_____ monthly
Worker's Comp or Disability	$_____ monthly	Alimony	$_____ monthly
Social Security ☐ SSI ☐	$_____ monthly	Cash gifts or personal loans	$_____ monthly
Bills paid by others on your behalf	$_____ monthly	Other _____	$_____ monthly
		Total monthly Income	$_____

Your average monthly income should be _EQUAL TO or GREATER THAN_ your average monthly living expenses.
IF IT IS NOT, please attach an explanation of how you met your average monthly expenses.

I certify that all the information provided on this form is true and complete to the best of my knowledge. I understand that the Financial Aid Office may request additional documentation to verify the information provided on this worksheet. I understand that intentionally providing incomplete or inaccurate information may result in termination of my financial aid.

Student Signature _____   Date _____/_____/_____

Parent/Spouse Signature _____   Date _____/_____/_____

Return Form To: Glenville State College
                    Office of Financial Aid
                    200 High Street
                    Glenville, WV 26351
                    Fax: 304-462-4407
                    www.cognitoforms.com/GlenvilleStateCollege1/FinancialAidUploadUtility