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Office of Student Financial Aid Telephone (318) 357-5961 Fax (318) 357-5488 Email nsufinaid@nsula.edu

## 2023-2024 Verification of Low-Income Worksheet

	e 2021 expense (s) during 2021 expert the 2021 expert for 2021 f	es in the expense	e box below wi	ith your parent(s) w with student/spouse heck the source(s) used	
tudent: Please report  w the Monthly C  TANT PLEASE  nthly expense on y	t the 2021 expo ost for 2021 t NOTE THE	enses in the exp for each item FOLLOWIN	ense box below	w with <b>student/spouse</b>	
ow the Monthly C TANT PLEASE on thly expense on y	ost for 2021 f	for each item FOLLOWIN	listed and ch		
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ndent) are living we mounts are paid on else is providing fire tatement from the Please description.	your behalf. nancial suppor e person pro lo not leave a	rt for you or yo viding the su ny item blanl	our parents (i pport.	f dependent), then you	
		• • •			
-	and	and provide verification where needed			
Relative		Income from Work	Other: <b>Plea</b>	se Specify by listing the source	
	Please doximate Please doximate Please dozen	Please do not leave a primate Please check which ly Costs 2021 Relatives Public	Please do not leave any item bland provide verific and provide verific and provide verific Relatives Public Income from	Please do not leave any item blank  Please check which sources were used to pay the support and provide verification where respect to the support of the support.  Please do not leave any item blank oximate and provide verification where respect to the support of the support.  Please do not leave any item blank oximate and provide verification where respect to the support of the	



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Please list the annual amount received for 2021. Please indicate a \$0 amount if there is no income or if it does not apply.

Student/Spouse 2021 Annual Amount	Source of Income and Support	Parent(s) 2021 Annual Amount
\$	Child support you received for all children. Do not include foster care or adoption payments. Please note that if Northwestern believes that the information regarding child support received is not accurate, we may require additional documentation Such as: print out from Child Support Enforcement office, statement from person paying child support, copies of cancelled checks from year requested.	\$
\$	Housing, food and other living allowances paid to members of the military, Clergy, and others (including cash payments and cash value benefits). Don't include the value of on-base military housing or the value of basic military allowance for housing.	\$
\$	Veterans' non-education benefits, such as Disability, Death pension or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$
\$	SSI/Social Security Benefits	\$
\$	Department of Public Assistance (Welfare)	\$
\$	Food Stamps	\$
\$	Housing Assistance	\$
\$	Workers' Compensation	\$
\$	Alimony	\$
\$	Unemployment Compensation	\$
\$	Parent/Relatives/Friend	\$
\$	Money <b>received</b> and/or any money <b>paid</b> on your behalf (e.g., payment of bill not reported elsewhere on this form.	\$
\$	Other untaxed income not reported and excluded elsewhere on this form.	\$
CERTIFICATION AN	ND SIGNATURE	
reported on the FAFSA m	v certifies that all of the information reported is complete and correct. The stude ust sign and date and at least one parent must also sign and date. <b>Warning</b> : If you may be fined, be sentenced to jail, or both.	
Student's Signature	Date_	
Parent's Signature	s Students)  Date_	