Tabor College 2023-2024 Low/No Income VerificationWorksheet

Student Last Name	Student First	Student Middle	Student ID Number/or Social Security Number

The 2021 income reported on your 2023-2024 FAFSA appears to be too low to support the number of people in the household. Our institutional policy in conjunction with the Federal Policy of conflicting information allows us to ask for supporting documentation. Complete this form to provide information that explains how you and your spouse **OR** your parent(s) (for dependent students) were able to live and support the family in 2021. **PLEASE DO NOT LEAVE BLANKS:** If an item does not apply to you, enter "0" or "N/A". while it may be difficult to determine some figures, it is important to provide the most accurate information possible. Financial aid administrators have the authority to request any documentation they need in order to resolve discrepancies, per section 479A of the Higher Education Act of 1965 and the regulations at 34 CFR 668.51(b), 34 CFR 668.54(a)(3), 34 CFR 668.54 (a)(5), 34 CFR 660.60(a), 34 CFR 668.60(c)(2) and 34 CFR 668.60(d).

SECTION 1:

Did anyone in the household receive income from working or from other sources in 2021 (Submit supporting documentation, if applicable)

	Source of Income	Amount Received During 2021	Name of person who received this income.	Relationship to Student (self, parent, etc.)
a.	Earnings from work (submit copies of all W-2's)			
b.	Unemployment Compensation (submit 1099-G)			
c.	Child Support			
d.	Alimony			
e.	Financial Aid (in excess of school expenses)			
f.	Other:			

SECTION 2:

Did anyone in the household receive income from working or from other sources in 2021 (Submit supporting documentation, if applicable)

Type of Benefit	Amount Received During 2021	Name of person who received this income.	Relationship to Student (self, parent, etc.)
a. SSI of Social Security			
b. AFDC/TANF			
c. Food Stamps/SNAP			
d. WIC			
e. Free/Reduced Price Lunch			
f. Subsidized Housing g. (HUD, Section 8, etc.)			

SECTION	ON 3:			
Were y	ou (or your spouse or your parents	s) incarcerated during 2	2021?	
	NO	Yes- From	to	
SECTION	ON 4.			
individ	(and your spouse OR parents) wer uals who provided support, you m ly expenses with the head of the	ust indicate a dollar va	lue to assess that support. To do	
	Type of expense	Monthly amount	Name of person who pays this expense.	Relationship to Student (self, parent, etc.)
a.	Housing (rent/mortgage)			
b.	Utilities (electric, gas, water)			
c.	Food			
d.	Phone, internet, cable			
e.	Medical, Dental			
f.	Child Care			
g.	Auto (Car payment, insurance, maintenance, etc.)			
h.	Transportation (gas, bus ticket, etc.)			
i.	Personal (clothes, credit cards, personal hygiene items, etc.)			
j.	Other:			
	TOTAL MONTHLY EXPENSES			
Is your How m	nany months did you reside in the hand name on the mortgage/lease agreemany adults (over the age of 18) live	ement? Yesed in the household in	No	
my kno	y certify that all information conta owledge. I understand that if I am entation, my eligibility for federal	found to have knowing	gly or intentionally given false or	ation is true and complete to the best of fraudulent statements and/or equired.
U.S. D		e investigation by the	Office of Inspector General and p	ng and/or collecting financial aid to the ossible prosecution by an appointed
SECTIO	ON 5: SIGNATURES			
	ing this worksheet, I (we) certify that all in if you are a dependent student. (We c			mplete and correct. At least one parent
Stude	ent	Date	Parent (or Spouse)	Date

You should make a copy of this worksheet for your records. Do not mail this worksheet to the Department of Education.

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