LOW-INCOME VERIFICATION FORM 2026-2027

College of Menominee Nation

Student Name

Student ID#

Parent Name (if required to provide parental information on FAFSA)

☐ **Please check here if this form is being filled out for the parent of the student.**

An unusually low income has been reported on your FAFSA application. Please complete this form to clarify how 2024 expenses were met. The federal government student financial handbook states that any:

> **Cash support or money paid on behalf of the parent/student, including support from a parent/significant other/relative, must be reported and thus counted as untaxed income.**

Directions: If any item does not apply, enter "N/A" for Not Applicable where a response is requested, or enter 0 in an area where an amount is requested.

If the student was required to provide parental information on the FAFSA answer each question below as it applies to the student and the student's parent(s) whose information is on the FAFSA.

If the student was not required to provide parental information on the FAFSA, answer each question below as it applies to the student (and the student's spouse, if married) whose information is on the FAFSA.

If you were incarcerated during the calendar year of 2024, please indicate how many months ____. If it was only a portion of the year, please fill out the in-kind support for the remaining months of the calendar year.

2024 In-Kind Support (who paid for living expenses)

IS YOUR NAME ON BILL/LEASE	EXPENSE (Do not leave blank)	$ PER MONTH	WHO PAID	# OF MONTHS
☒	EX:RENT/HOUSING	$400	Aunt	12
☐	RENT/HOUSING			
☐	FOOD			
☐	UTILITIES			
☐	TRANSPORTATION			
☐	MEDICAL			
☐	PERSONAL ITEMS			
☐	ENTERTAINMENT			

2024 Untaxed Income: **Please circle if you receive amounts monthly or yearly.**

Social Security, SSI..... Income Verification$ _____ monthly/yearly

Public Assistance (TANF, W2, SNAP benefits (Food Stamps), etc.) (Please circle) ..... $ _____ monthly/yearly

Unemployment/Worker's Compensation, Disability..... $ _____ monthly/yearly

Alimony/Child Support (submit statement of all child support paid/received)..... $ _____ monthly/yearly

Veterans non-education benefits (Disability, Death Pension, DIC, VA Work Study)..... $ _____ monthly/yearly

Other (Please specify _____)..... $ _____ monthly/yearly

Does the student live in the parent's home? ☐ **Yes** ☐ **No**

The person signing below certifies that all of the information reported is complete and correct.

Signature (Required) Date

Parent Signature (if applicable) Date