

# DELTA STATE UNIVERSITY

Student Financial Assistance  
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## 2019 - 2020 Low Income Verification Worksheet

Student: \_\_\_\_\_ DSU ID: \_\_\_\_\_

Your 2019-2020 Student Aid Report reflects unusually low income for 2017 for your family. Answer the following questions and return this worksheet to the financial aid office so that processing of your financial aid awards can continue. **All questions must be answered completely or this worksheet will be returned to you.**

How do you pay for food, rent, medical expenses, utilities, etc. each month? (Example: Social Security, money from family members, child support, etc.) \_\_\_\_\_

If you receive money from family or friends, how much did you receive from them monthly in 2017? \_\_\_\_\_

ITEM	STUDENT	PARENT
Child support received in 2017.	\$	\$
Alimony received in 2017.	\$	\$
Social Security benefits received in 2017. (Attach a copy of an SS1099 for all recipients.)	\$	\$
AFDC or TANF benefits received in 2017.	\$	\$
2017 income earned from work. Employer: _____	\$	\$
Amount of rent paid monthly to: _____ (landlord)	\$	\$

**I certify that the information provided above is correct and I understand that I could face fines and/or imprisonment if I purposely give false or misleading information.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature (if dependent student)