

## 2016-2017 Income Verification Form Dependent Student

We have received your 2016-2017 FAFSA. Your parent(s) reported an income of \$0. We are required to determine how they supported you and any other individuals listed on the Dependent Verification Worksheet.

Please check any applicable boxes below and provide supporting documentation if necessary:

	Cash payments from Health and Human Services/TANF
	Low Income Housing Assistance
	Social Security— <i>Please provide supporting documentation indicating what was received for 2015.</i>
	Supplemental Social Security (SSI)— <i>Please provide supporting documentation indicating what was received for 2015.</i>
	Disability— <i>Please provide supporting documentation indicating what was received for 2015.</i>
	Workman's Compensation— <i>Please provide supporting documentation indicating what was received for 2015.</i>
	Any monies received or paid (for bills) on your behalf— <i>please provide a signed written explanation</i>
	You live with another family member/friend— <i>please provide a signed written explanation.</i>
	Other— <i>please provide a signed written explanation.</i>

If you have any questions regarding this, please do not hesitate to contact our office at (708) 534-4480 or [faid@govst.edu](mailto:faid@govst.edu).

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

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**