

STUDENT INCOME VERIFICATION FORM

FS Case No. _____

Date _____

Worker _____

TO: _____
(School Name)

_____ (Address)

FROM: _____

Re: _____

SSN _____

I hereby authorize _____ to release information regarding financial aid to the _____ County Department of Social Services.

(Signature of applicant or representative)

The information requested below is needed to determine eligibility and/or level of program benefits. Thank you for your cooperation in completing the form.

1. Is the above person enrolled? Yes No
2. Is the student enrolled at least half-time? Yes No
3. Is a Diploma/GED required for the school and/or the curricula for this student? Yes No
4. Is the student participating in a Work Study Program? Yes No
5. If Yes: Hours worked per semester _____ Hourly wage \$ _____
6. Is the Work Study Program federally financed under Title IV of the Higher Education Act? Yes No
7. Semester _____ Quarter _____ Other _____

FINANCIAL AID

1. Type				
2. Period Covered				
3. Amount				

EDUCATIONAL EXPENSES

Indicate how much of the assistance is designated/earmarked to cover the items listed below or attach a copy of your Student Budget for Campus Based Programs.

1. Tuition		6. Travel	
2. Mandatory fees		7. Misc. Expenses	
3. Origination/Ins. fees		8. Dependent Care	
4. Books		9. Housing	
5. School Supplies		10. Food	

Signature of School Representative Completing Form _____

Title _____ Telephone Number _____ Date _____