

2024-2025 Resource Verification

Student Name:		St	udent ID #		
Based on the information you provided on your FAFSA and/or the venture additional resources (other than earnings from employment) that					ce, you may
This information is being completed for (select one): Yourself (In	_				
Average Monthly Income in 2022	ıt (Deper	dent S	itudent)		
Please complete this section using 2022 calendar year information. Please lie parent (if dependent) for 2022. If you are unsure of exact amounts, please us			nthly amount for you and yo	our spouse (if	married) or
Please circle either YES or NO for the following questions and if applica	able pleas	e provi	de the monthly monetary a	amount:	
Did you/your parent receive child support for the 2022 calendar year?	YES	NO	If YES, provide amount	\$	Monthly
Did you/your parent receive alimony for the 2022 calendar year?	YES	NO	If YES, provide amount	\$	Monthly
Did you/your parent receive cash gifts for the 2022 calendar year?	YES	NO	If YES, provide amount	\$	Monthly
Did you/your parent receive Medicaid/SSI for the 2022 calendar year?	YES	NO			
Did you/your parent receive food stamp benefit for the 2022 calendar year?	YES	NO			
Did you/your parent receive free lunch benefit for the 2022 calendar year?	YES	NO			
Did you/your parent receive TANF benefit for the 2022 calendar year?	YES	NO			
Did you/your parent receive WIC benefit for the 2022 calendar year?	YES	NO			
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Certification and Signature: I declare, under penalty of p true, complete, and accurate to the best of my knowledge. (Signatur				18	
Student Signature (Required)				Date	
Parent Signature (Required for dependent students)				Date	