

## 2015-2016 Income Verification Form

Student's Name: \_\_\_\_\_ Student's NEC ID#: \_\_\_\_\_

### SECTION A – STUDENT and/or PARENT INFORMATION

A review of your financial aid indicates that you and/or your spouse's OR parent(s) total income from all sources for 2014 appears to be low. You and your spouse OR parent(s) **must provide all of the information requested on this form** and return this document to the Student Financial Services Office.

- Did the student and/or spouse OR parent(s) receive AFDC/TANF, Food Stamps (SNAP), SSI or Social Security benefits in 2014?
  - No
  - Yes – Please complete the chart below

Please Note: Complete all sections of the chart below, if any spaces are left blank, this form will be considered incomplete and returned for completion.

Type of Benefit	Amount of Benefit Received	Number of months assistance was received in 2014	Recipient of Benefit
<i>SNAP (example)</i>	<i>\$200</i>	<i>12</i>	<i>Missy Jones</i>

- Did the student and/or spouse OR student and parent(s) live with a relative or someone else who provided free room and board?
  - No
  - Yes – Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Is the student, spouse, or parent's name listed on the lease/mortgage? Yes \_\_\_\_\_ No \_\_\_\_\_

- Did the student and/or spouse OR parent(s) live in another country in 2014?
  - No
  - Yes – What country? \_\_\_\_\_
- Did you and/or your spouse earn income in another country in 2014?
  - No
  - Yes – Amount? \_\_\_\_\_

(Total 2014 amount in currency from the country listed above)

**SECTION B – LIST OF EXPENSES AND SUPPORT FOR 2014**

The student and spouse/parent (whichever is applicable) must list the monthly expenses during the 2014 calendar year. If the student lived with someone else, indicate your portion of the paid expenses. While it may be difficult to determine some of these figures, it is necessary to provide us with the most accurate information.

Please Note: This form will be returned for completion if spaces are blank.

<b>Expense</b>	<b>Amount Per Month</b>	<b>Person Who Paid the Expense</b>
Rent/Mortgage	\$	
Food/Clothing	\$	
Household (utilities, laundry, etc)	\$	
Transportation/Car	\$	
Medical/Dental	\$	
Debt Payments	\$	
Other expenses	\$	
<b>Total Monthly Expenses</b>	\$	
<b>Total Year Expenses (total monthly expenses x 12)</b>	\$	

**SECTION C- EXPLAIN IN DETAIL HOW YOUR FAMILY MET BASIC LIVING EXPENSES IN 2014.**

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**SECTION D – CERTIFICATION AND SIGNATURES**

By signing this worksheet, I certify that all the information reported to qualify for student financial aid is true and accurate. I understand that if this form is incomplete, **my financial aid will be delayed.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Spouse Signature

\_\_\_\_\_  
Date

**Please submit this form to:**

**Student Financial Services  
New England College  
98 Bridge Street  
Henniker, NH 03242  
Phone: (603) 428-2226  
Fax: (603) 428-2404  
Email: sfs@nec.edu**

