



2014-2015 Income Verification Form

Student's Name: _____ Student's NEC ID#: _____

A review of your financial aid indicates that you and/or your spouse's OR parent(s) total income from all sources for 2013 appears to be unusually 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.

SECTION A – STUDENT and/or PARENT INFORMATION

- Did the student and/or spouse OR parent(s) receive AFDC/TANF, Food Stamps (SNAP), SSI or Social Security benefits in 2013?
 - 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 2013	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 _____

SECTION B – LIST OF EXPENSES AND SUPPORT FOR 2013

The student and spouse/parent (whichever is applicable) must list the monthly expenses during the 2013 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.

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

SECTION C- EXPLAIN IN DETAIL HOW YOUR FAMILY MET BASIC LIVING EXPENSES IN 2013.

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**