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.

1. 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.

<table>
<thead>
<tr>
<th>Type of Benefit</th>
<th>Amount of Benefit Received</th>
<th>Number of months assistance was received in 2014</th>
<th>Recipient of Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNAP (example)</td>
<td>$200</td>
<td>12</td>
<td>Missy Jones</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. 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____

3. Did the student and/or spouse OR parent(s) live in another country in 2014?
   ○ No
   ○ Yes – What country? ____________________________

4. 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.

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

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

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

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