Office of Financial Aid
1500 Ralston Ave, Belmont, CA 94002
Website: www.ndnu.edu/financial-aid/

Email: finaid@ndnu.edu
Telephone: (650) 508-3741
Fax: (650) 508-3635

2020-2021 Low Income Verification Worksheet

The income reported on your Free Application for Federal Student Aid (FAFSA) does not appear to be significant to meet your basic living expenses (i.e. housing, utilities, etc.). You may have additional resources (other than earnings from employment) that should have been included on your FAFSA form allowing you to meet your living expenses.

This information is being completed for (*select ONE*): Yourself [ ] Your Parent [ ]

Section A: Student's Information – *To be completed by the student*

_____ _____
Student Last Name First Name Middle Initial Student ID

_____ _____
Street Address City State Zip Home/Cell Phone Number

Section B: Average Monthly Income in 2018

Please complete section B using 2018 calendar year information. For section B, Please list the average monthly income in 2018 for you and your spouse (if married) or for your parent (if you are a dependent student). If you are unsure of exact amounts, please use estimates.

Wages from ALL jobs	$ _____	Monthly
Benefits	$ _____	Monthly
Unemployment compensation	$ _____	Monthly
Child support/Alimony	$ _____	Monthly
Retirement/Social Security	$ _____	Monthly
Cash gifts or personal loans	$ _____	Monthly
Other	$ _____	Monthly
Total Monthly Income	$_____	

Average Monthly Living Expenses in 2018

Please list your average monthly living expenses for 2018, even if those expenses were not paid by you. If you are unsure of exact amounts, please use estimates. Include totals for all family members.

Rent or Mortgage	$ _____	Monthly
Utilities (Phone, electric, gas)	$ _____	Monthly
Insurance (Home, Auto, Other)	$ _____	Monthly
Food	$ _____	Monthly
Transportation	$ _____	Monthly
Healthcare	$ _____	Monthly
Other	$ _____	Monthly
Total Monthly Expenses	$ _____	

Section C: *Please explain any other financial support you receive. This includes in kind benefits such as housing, food, etc. Also, if your expenses are greater than your income in Section B, please provide clarification here.*

Section D: Certification and Signature

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

To provide your signature, please print out the form, sign, and return back to the Office of Financial Aid. You may return this document by scanning it and sending it back to our Financial Aid email at finaid@ndnu.edu

If you are unable to scan the document, please mail the form to the Office of Financial Aid at 1500 Ralston Ave., Belmont, CA 94002 or fax it to us at 650-508-3635.

_____ _____

Student's Signature (required) Date

_____ _____

Parent's Signature (dependent students only) Date