



**2024-2025 MINIMAL INCOME QUESTIONNAIRE**

**(Independent Student)**

A review of your 2024-2025 FAFSA suggests the household income may be insufficient to support you and/or your family. Additional information is required before the Financial Aid Office can determine your eligibility for financial assistance. **PLEASE PRINT LEGIBLY.**

**A. STUDENT INFORMATION**

Student Full

Legal Name \_\_\_\_\_ VU ID# (or SSN) \_\_\_\_\_

**B. STUDENT/SPOUSE HOUSEHOLD RESOURCES IN 2022**

So that we can fully understand the family situation, please provide information about all resources or benefits received by any member of your household\*. This may include items that were not required on the FAFSA, including "in-kind" forms of support\*\*. **DO NOT LEAVE ANY ITEM BLANK; enter "0" if there is no amount for a category.**

<u>Household* Source of Income and Support**</u>	<u>Name of Recipient(s)</u> (who in the household earned/received this income/benefit/support)	<u>Total Gross Amount Received in Year 2022</u>
Student Income From Work		
Spouse Income From Work		
Unemployment		
Workman's Compensation		
SNAP/Food Stamps		
Welfare/AFDC/TANF/WIC		
Child Support		
Financial Aid Used for Living Costs		
Relatives/Friends		
SSI		
Disability		
Veteran Non-Educational Benefits		
Free/Reduced School Lunch		
Other:		
Other:		

\*Household consists of those individuals listed on the FAFSA and/or *Independent Verification Worksheet* as residing in student's household  
 \*\*DEFINITION OF SUPPORT: Support includes money, gifts, or loans for housing, food, clothing, car payments/repairs, medical/dental care, and college costs paid or provided free-of-charge on your behalf. Examples of support: a friend or relative gave you grocery money or you live with a cousin rent-free.

**C. STUDENT/SPOUSE HOUSEHOLD EXPENSES IN 2022**

Provide information below of your household's expenses during 2022 and how those expenses were covered. **DO NOT LEAVE ANY ITEM BLANK; enter "0" if there is no expense for a category and explain why there is no expense.**

Household Expense	Estimate Per Month	From What Source Was This Paid
Housing (rent, mortgage)		
Utilities		
Food		
Child Care		
Medical/Dental		
Transportation (car payment, insurance, maintenance)		
Credit Cards		
Personal (clothing, hygiene, laundry)		
Other:		
Other:		
Other:		

**D. ADDITIONAL INFORMATION**

Use the space below to provide additional information necessary to explain how your family's household was maintained. This space can also be used to report changes in income and/or living accommodations.

By signing this form I certify that all information reported to qualify for financial aid is true and complete.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Return this form to:  
Financial Aid Office - Viterbo University 900 Viterbo Drive La Crosse, WI 54601  
Email: [FinancialAid@viterbo.edu](mailto:FinancialAid@viterbo.edu) (to submit form or questions)  
Phone: (608) 796-3900