



**VITERBO
UNIVERSITY**

2020-2021 MINIMAL INCOME QUESTIONNAIRE
(Independent Student)

A review of your 2020-2021 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 2018

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 2018</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, and loans, plus housing, food, clothing, car payments/expenses, medical/dental care, and college costs paid or provided free-of-charge on your behalf. Example: if a friend or relative gave you grocery money, it is reported as untaxed income. If you live with a cousin rent-free, this is reported as untaxed income.

C. STUDENT/SPOUSE HOUSEHOLD LIVING EXPENSES IN 2018

Provide information below of your households living expenses during 2018 and how those expenses were covered. **DO NOT LEAVE ANY ITEM BLANK; enter "0" if there is no expense for a category.**

| 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: FAdocuments@viterbo.edu (to submit form)
 Email: FinancialAid@viterbo.edu (to submit questions)
 Phone: (608) 796-3900 Fax: (608) 796-3859