



**2021-2022 MINIMAL INCOME QUESTIONNAIRE**  
**(Dependent Student)**

A review of your 2021-2022 FAFSA appears that the household income may be insufficient to support your family. Additional information is required before the Financial Aid Office can determine your eligibility for financial aid. **PLEASE PRINT LEGIBLY.**

**A. STUDENT INFORMATION**

Student Full

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

**B. PARENT HOUSEHOLD RESOURCES IN 2019**

So 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.**

<b><u>Household* Source of Income and Support**</u></b>	<b><u>Name of Recipient(s)</u></b> (who in the household earned/received this income/benefit/support)	<b><u>Total Gross Amount Received in Year 2019</u></b>
Parent 1 Income From Working		
Parent 2 Income From Working		
Student Income From Working		
Unemployment		
Workman's Compensation		
SNAP/Food Stamps		
Child Support		
Financial Aid Used for Living Costs		
Relatives/Friends		
SSI		
Disability		
Welfare/AFDC/TANF/WIC		
Veteran Non-Educational Benefits		
Free/Reduced School Lunch		
Other:		
Other:		

\*Household consists of individuals listed on the FAFSA and/or *Dependent Verification Worksheet* as residing in parents' household  
 \*\*DEFINITION OF SUPPORT: Support includes money, gifts, and loans, housing, food, clothing, car payments/expenses, medical/dental care, and, college costs paid or provided free-of-charge on your behalf. Examples: if a friend or relative gave you grocery money, this is considered untaxed income. If you live with a cousin rent-free, this is may also be untaxed income.

**C. PARENT HOUSEHOLD LIVING EXPENSES IN 2019**

Provide the information below for parent household living expenses during 2019 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 household was maintained. This space can also be used to report changes to income and/or living accommodations.

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

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

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