

2022-2023 MINIMAL INCOME QUESTIONNAIRE

(Independent Student)

VU ID# (or SSN)

A review of your 2022-2023 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.

STUDENT INFORMATION

Student Full Legal Name

Other:

	TUDENT/SPOUSE HOUSEHOLD RESOU	IRCES IN 2020 ation, please provide information about all re	sources or benefit
	·	his may include items that were not required	
	• • •	T LEAVE ANY ITEM BLANK; enter "O" if	
for a	category.		
	Household* Source of Income and Support**	Name of Recipient(s) (who in the household earned/received this income/benefit/support)	Total Gross Amount Received in Year 2020
	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:		

^{*}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 2020

Provide information below of your household's expenses during 2020 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: <u>FAdocuments@viterbo.edu</u> (to submit form)

Email: <u>FinancialAid@viterbo.edu</u> (to submit questions)

Phone: (608) 796-3900 Fax: (608) 796-3859