



2026-2027 MINIMAL INCOME QUESTIONNAIRE

(Independent Student)

A review of your 2026-2027 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 2024

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 2024</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 2024

Provide information below of your household's expenses during 2024 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 (to submit form or questions)

Phone: (608) 796-3900