STUDENT INCOME VERIFICATION FORM

FS Case No.

	Date Worker				
TO:					
(School Name)		•	(Address)		
FROM:	I hereby authorize	I hereby authorize			
	_	information regarding financial aid to the			
 Re:	Department of So	Department of Social Services.			
SSN					
5514	(Signature of applicant or representative)				
The information requested below is neede for your cooperation in completing the form.	d to determine eligi	bility and/or lev	el of program b	enefits. Th	ank you
 Is the above person enrolled? Is the student enrolled at least half-time? Is a Diploma/GED required for the so Is the student participating in a Work Student of the so If Yes: Hours worked per semester Is the Work Study Program federally fin Semester Quarter 	dy Program? Housed under Title IV	urly wage \$ of the Higher	Education Act?	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	No No No
	FINANCI	AL AID			
1. Type					
2. Period Covered					
3. Amount					
	EDUCATION	AL EXPENS	SES		
Indicate how much of the assistance is a copy of your Student Budget for Ca	designated/earma mpus Based Progr	rked to cover ams.	the items liste	d below o	or attach
1. Tuition					
2. Mandatory fees	7.	7. Misc. Expenses			
3. Origination/Ins. fees	8.	8. Dependent Care			
4. Books	9.	9. Housing			
5. School Supplies	10.	10. Food			
	•				
Signature of School Representative Completin	ng Form				
Title	Telephone Nun	Telephone Number Date			

DSS-8654 (7-92) Economic Independence