

No Income Verification 2018-2019

Student: _____ **Blinn ID:** _____

The current information reported on your Free Federal Application for Student Aid (FAFSA) reflects that you, your spouse and/or parent/stepparent will not file a tax return and did not earn wages for the 2016 tax year. Please complete the table below listing all living expenses for 2016 and the resources used to pay these expenses. Please submit this form completed in its entirety and signed to Financial Aid Office.

Annual Expenses	Student/Spouse Annual Amount (\$)	Source (Friend, church, significant other, family, etc.)	Parent/Stepparent Annual Amount(\$)	Source (Friend, church, significant other, family, etc.)
Rent/Mortgage	\$		\$	
Food	\$		\$	
Utilities, (cell phone, cable, electric, internet)	\$		\$	
Insurance (medical/car)	\$		\$	
Child Care	\$		\$	
Car Payment	\$		\$	
Miscellaneous	\$		\$	
Fuel, travel expenses	\$		\$	
Credit card payments	\$		\$	

Student signature: _____ Date: _____

Parent signature: _____ Date: _____

WARNING:
If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.