



**2017-2018  
Independent Supplemental Income  
Verification Form**

Office of Financial Aid  
9201 University City Blvd.  
Charlotte, NC 28223-0001  
Phone: 704-687-5504  
Fax: 704-687-1425

**Student Name:** \_\_\_\_\_ **UNC Charlotte ID:** \_\_\_\_\_

The 2015 income you reported on your 2017-2018 Free Application for Federal Student Aid (FAFSA) appears insufficient to support the number of people in your household **AND/OR** you indicated on your FAFSA that you **will not file** and **are not required** to file a 2015 federal IRS income tax return.

1. Are refunds from financial aid your only source of income? \_\_\_\_\_ **Yes.** Proceed to Section B. \_\_\_\_\_ **No.** Continue to Section A.

**Section A: Income for 2015**

- ✓ **In the box below, please list any income received (i.e. wages, untaxed income, benefits received) for the year.**
- ✓ **Provide documentation for any income listed.** Documentation includes (not limited to): W-2/1099 forms, print outs from Social Security, Employment Security Commission, Child Support Enforcement, and/or a statement from the person who provided the income.  
**Please Note: We will be unable to review your file if we do not receive the information requested & the applicable documentation.**
- ✓ **Please enter "0" or "N/A" if not applicable. DO NOT LEAVE ANY FIELDS BLANK.**

Source of Income	Total Amount Received in 2015	Documentation Attached
	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Section B: Expenses for 2015:** Complete the box below listing expenses for 2015 only. **DO NOT LEAVE ANY FIELDS BLANK**

Monthly Expense	Amount Per Month	Name on Billing Statement	How was Expense Paid?
Housing Status: _____ Rent _____ Own \$ _____ <input type="checkbox"/> I lived with parent\relative\other and paid no housing expenses.		_____	<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Relative/Other
Utilities: Gas, Phone, Power, Water	\$ _____	_____	<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Relative/Other
Credit Cards	\$ _____	_____	<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Relative/Other
Food	\$ _____	_____	<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Relative/Other
Cell phone Bill	\$ _____	_____	<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Relative/Other
Internet and\or cable Bill	\$ _____	_____	<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Relative/Other
Car Payment and/or Insurance	\$ _____	_____	<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Relative/Other
Child Care	\$ _____	_____	<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Relative/Other
Medical/Dental Insurance	\$ _____	_____	<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Relative/Other
Other (please specify):	\$ _____	_____	<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Relative/Other
<b>Monthly Total:</b>	\$ _____		

I certify that the information provided is accurate and complete to the best of my knowledge.

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