



**OFFICE OF FINANCIAL AID
INCOME CLARIFICATION FORM
2020-2021**

Financial Aid Office
1000 Rim Drive
Durango, CO 81301-3999
Phone: 970-247-7142
Toll Free: 1-800-352-7512
Fax: 970-247-7108
Email: finaid_off@fortlewis.edu

STUDENT NAME _____

STUDENT ID _____

STUDENT CELLPHONE NUMBER () _____

The 2018 income you reported on your 2020-2021 FAFSA appears insufficient to support your household. Please complete this form to verify all sources of income. Documentation of the information reported on this form may be required. Fill in every blank. **If the answer is -0- write in -0-.** *Missing signatures or missing information will delay your financial aid.*

SOURCES AND AMOUNTS OF 2018 INCOME - REPORT TOTAL AMOUNTS FOR THE YEAR

	PARENT(S) <small>(Add parent information only if their information was required on the FAFSA)</small>	STUDENT/SPOUSE
Earnings from work	\$	\$
Unemployment compensation	\$	\$
Supplemental Security Income (SSI)	\$	\$
Disability Income (excluding SSI)	\$	\$
Child support received	\$	\$
Alimony received	\$	\$
Bills and/or expenses paid on your behalf (by relatives or others)	\$	\$
Gifts of money	\$	\$
Public assistance (housing, utilities, TANF etc.)	\$	\$
Public assistance (food stamps/SNAP)	\$	\$
Money spent from savings	\$	\$
Social Security benefits	\$	\$
Tribal per capita income	\$	\$
Loans or credit card charges	\$	\$
Military allowances	\$	\$
Veterans' educational benefits	\$	\$
Veterans' non educational benefits	\$	\$
Pension/Retirement benefits	\$	\$
Rental income from properties owned	\$	\$
Financial Aid received for 1/1/18 – 12/31/18	\$	\$
Other income (Specify): _____	\$	\$

Explain any special circumstances on the back of this form.

If you purposely give false or misleading information on this form, you may lose your financial aid, be fined, sent to prison, or both. I certify that my responses to all items on this form are true and complete. All sources of income are listed.

Student Signature

Date

Parent Signature (if parent info. required on FAFSA)

Date