

**2021-2022
Student Supplemental
Income Verification**



Complete Form & Return via:
Mail: Queens University of Charlotte
 Office of Student Financial Services
 1900 Selwyn Ave. Charlotte, NC 28274
Fax: (704) 337-2416
On Campus: Jernigan Hall 111

Section C: Student Expenses for 2019

- Complete the chart below listing **ONLY the bills in your name** that someone else paid in 2019.
- Please enter "0" or "N/A" if not applicable. **DO NOT LEAVE ANY FIELDS BLANK.**

Monthly Expense	Average 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 expenses.			<input type="checkbox"/> Parent <input type="checkbox"/> Relative/Other <input type="checkbox"/> Government Housing/TANF
Utilities: Gas, Power, Water	\$ _____		<input type="checkbox"/> Parent <input type="checkbox"/> Relative/Other
Credit Cards	\$ _____		<input type="checkbox"/> Parent <input type="checkbox"/> Relative/Other
Money received for food and/or personal hygiene items	\$ _____		<input type="checkbox"/> Parent <input type="checkbox"/> Relative/Other <input type="checkbox"/> SNAP and/or WIC
Phone Bill	\$ _____		<input type="checkbox"/> Parent <input type="checkbox"/> Relative/Other
Internet and\or Cable Bill	\$ _____		<input type="checkbox"/> Parent <input type="checkbox"/> Relative/Other
Car Payment and/or Insurance	\$ _____		<input type="checkbox"/> Parent <input type="checkbox"/> Relative/Other
Child Care	\$ _____		<input type="checkbox"/> Parent <input type="checkbox"/> Relative/Other <input type="checkbox"/> Government aid
Medical/Dental Insurance	\$ _____		<input type="checkbox"/> Parent <input type="checkbox"/> Relative/Other <input type="checkbox"/> Medicaid <input type="checkbox"/> School Insurance
Clothing/Entertainment/Other (please specify): _____	\$ _____		<input type="checkbox"/> Parent <input type="checkbox"/> Relative/Other
Monthly Total:	\$ _____		

I certify that the information I have reported for federal student aid is complete and accurate. I authorize the Student Financial Services office at Queens University of Charlotte to correct my Free Application for Federal Student Aid (FAFSA) based on the documentation submitted. I understand that additional information may be required if this form is incomplete, if documentation is missing, unclear, or insufficient, or if additional questions arise based on the information provided.

Warning: According to the U.S. Department of Education, if you purposely give false or misleading information you may be subject to a fine of up to \$20,000, face imprisonment, or both.

Student Signature: _____

Date: _____