

**2020-2021
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

You indicated on your 2020-2021 Free Application for Federal Student Aid (FAFSA) that you **will not file and are not** required to file a 2018 income tax return with the IRS. Verification is a process mandated by the U.S. Department of Education requiring schools to verify self-reported data provided on the FAFSA for accuracy to ensure students receive the maximum aid for which they are eligible. If discrepancies are found, the Office of Student Financial Services will make corrections to your FAFSA. If the corrections lead to a change in your eligibility, your financial aid awards will be revised.

Processing times vary and increase closer to key registration and payment dates. Please be sure your documents are COMPLETE when you first submit them. Financial aid will only be awarded once the verification process is complete. If your documentation is pending upon your payment due date, you are responsible for making arrangements to cover the balance due. Reimbursements are issued based on eligibility amount if financial aid exceeds charges.

Complete ALL Sections. Do not leave any fields blank, enter "0" or "N/A" if not applicable.

Student Name: _____ Student ID: _____
Last First
Email: _____ Phone: _____

Section A: Student Income for 2018

- List any income you and your spouse (if applicable) received during 2018
 - Please enter "0" or "N/A" if not applicable. **DO NOT LEAVE ANY FIELDS BLANK.**
 - Attach W2 or 1099 for any income earned from work listed AND attach IRS Verification of Non-Filing from: <https://www.irs.gov/individuals/get-transcript>**

Source of Income (Financial Aid Refunds, SSI, SS Disability, Unemployment, VA Disability Benefits, Child Support, Alimony, etc.)	Total Received In 2018
<i>Example: Financial Aid Refunds</i>	\$ 3,000.00
	\$
	\$

- In 2018, did someone pay any bills listed in YOUR name?
_____ Yes – Skip to Section C _____ No – Complete Section B

Section B: Student Expenses for 2018

Please explain how you maintained your household during 2018 to include support from relatives, friends or others for housing, food, medical expenses, clothing, etc.

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Section C: Student Expenses for 2018

- Complete the chart below listing **ONLY the bills in your name** that someone else paid in 2018.
- 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: _____