FORM: INCSPT



INCOME STATUS VERIFICATION 2019-2020

/yearly expenses

| V ——IEXAS—— | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------------------------------------------------------|--|--|--|--|
| STUDENT NAME: | | | | | | |
| DATE OF BIRTH: | STUE | DENT ID: B00 | | | | |
| PERSON WHOSE INFORMA | ATION IS DETAILED B | ELOW: | | | | |
| Section A: Expenses | | | | | | |
| You indicated on your Household Size Worksheet that you or your parent(s) are providing more than half of the support for an individual who is either over the age of 24 and/or who is not your parent's legal, biological child or step-child (ex: niece/nephew). Please complete page two of the form using their monthly income. Please enter your household's monthly expenses for the period of January 1, 2018 through December 31, 2018. In the last column, give the name(s) and relationship of the person(s) who paid the expense. | | | | | | |
| Expense | Average Monthly Cost | Who Pays/Provides? (give the specific amount each person pays if more than one person is paying the expense) | | | | |
| Housing | \$ | | | | | |
| Utilities (water, heat, gas, electricity, and phone) | \$ | | | | | |
| Food | \$ | | | | | |
| Clothing | \$ | | | | | |
| Transportation (includes maintenance, payment, insurance, gas, etc.) | \$ | | | | | |
| Medical | \$ | | | | | |

Please explain any expense that is zero:

(x)12 =\$

\$

Total

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| Please enterthe last column, describe the in employed etc.). | | • | , | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------|-----------------------------------------------------|-----------------------------------|--|
| Type of Income | _ | Average Monthly Income | | ources | |
| Wages and Tips | \$ | | | | |
| Interest Income | \$ | | | | |
| Dividends | \$ | | | | |
| Untaxed Income | \$ | | | | |
| Cash Support | \$ | | | | |
| Other | \$ | | | | |
| Total | \$ | (x)12=\$ | /yearly income | | |
| Section C: Certification I certify that all information knowledge. I have not knowledge documentation. I understarestatements and/or documentation. | vingly or intention and that if I have b | onally given fals knowingly or int | e or fraudulent stateme entionally given false o | nts or fraudulent r fraudulent | |
| Student's Signature | | | | Date | |
| Signature of the person whose | | 1 | | Date | |

Please contact your Admissions Counselor/Student Central with any financial aid questions.

Student Financial Services 11400 Concordia University Drive Austin, TX 78726-4141 Student Central Phone: 1.512.313.4700 Student Financial Services Fax: 1.512.313.1670 Email: financialaid@concordia.edu