



Financial Aid Office  
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## 2025-2026 Verification of Low Income

Please complete the following worksheet so the financial aid office can determine how you and your family met expenses throughout the 2023 calendar year.

**(Annual Assistance/Untaxed Income for calendar year 2023)**

**Please attach 2023 benefit statement if any of the below apply.**

Welfare Benefits, TANF, AFDC, WIC	\$ _____
Social Security Benefits	\$ _____
Food Stamps (SNAP)	\$ _____
Housing Assistance	\$ _____
Child Support	\$ _____
Worker's Compensation	\$ _____
(CRSC) Combat-related	\$ _____

(\***Cash support** is money given to you or bills in **your name** paid for you by someone else.) You are required to complete the **cash support** list below with yearly amounts.

Rent/Housing \$ _____	Household Utilities \$ _____	Food \$ _____
Clothing \$ _____	Cell Phone \$ _____	Medical \$ _____
Insurance \$ _____	Car/Transportation \$ _____	Misc. Expenses \$ _____

(\***In-kind support** references the amount of money you would have to pay if not for utilizing another individual or family's non-cash resources.) You are required to complete the **in-kind support** list below with estimated yearly amounts.

Rent/Housing \$ _____	Household Utilities \$ _____	Food \$ _____
Clothing \$ _____	Cell Phone \$ _____	Medical \$ _____
Insurance \$ _____	Car/Transportation \$ _____	Misc. Expenses \$ _____

My signature denotes that all of the above information is true to the best of my knowledge.

Student Name (Print) \_\_\_\_\_ FSU ID# \_\_\_\_\_

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

Parent Signature (for dependent students) \_\_\_\_\_ Date \_\_\_\_\_