Opportunity Grant

Living Expense Verification Form for Academic year 2018-19

Name: ________________________________  SID number: ________________

1. Income or Benefits for 2017:

Workers Compensation: $_______ per month X ___ months = __________ annual
Child Support: $_______ per month X ___ months = __________ annual
SSI: $_______ per month X ___ months = __________ annual
TANF: $_______ per month X ___ months = __________ annual
Food Stamps: $_______ per month X ___ months = __________ annual
GAU: $_______ per month X ___ months = __________ annual

_____________ Total

2. Did someone provided for your 2017 living expenses, if so, please provide a reasonable value for the support:

Name and relationship of person providing support: ____________________________________________

Housing: $_______ per month X ___ months = __________ annual
Food: $_______ per month X ___ months = __________ annual
________________: $_______ per month X ___ months = __________ annual

_____________ Total

3. Sum of (1) total and/or (2) total = _______________ gross income for 2017.

Over ————————
No Income or Benefits received in 2017

Were you homeless? __ Yes __ No Number of months in 2017? ___

Were you incarcerated? __ Yes __ No Number of months in 2017? ___

Family Size

My family consists of myself (1) plus _____ dependent members = _____size family.

List names, age, and relationship to you:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Briefly explain your living circumstances for 2017:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Signature: ________________________________

Date: ________________________________

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