

Opportunity Grant

Living Expense Verification Form for Academic year 2011-12

Name: _____ SID number: _____

1. Income or Benefits for 2010: (Attach verification documents)

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. If someone provided for your 2010 living expenses, 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 2010.

over \longrightarrow

No Income or Benefits received in 2010

Were you homeless? Yes No Number of months in 2010? _____

Were you incarcerated? Yes No Number of months in 2010? _____

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 2010:

Signature: _____

Date: _____