Opportunity Grant
Living Expense Verification Form for Academic year 2017-18

Name: ________________________________          SID number: _____________________

1. Income or Benefits for 2016:

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 2016 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 2016.

Over →
No Income or Benefits received in 2016

Were you homeless? ___ Yes ___ No Number of months in 2016? ___

Were you incarcerated? ___ Yes ___ No Number of months in 2016? ___

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 2016:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature: _____________________________________________________________

Date: ____________________________

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