



2021-2022 VERIFICATION OF RESOURCES
Independent Student

Student's Name: _____

Furman ID Number (or SSN): _____

Spouse's Name (if applicable): _____

Marital Status (as of today):

Single

Married/Remarried

Divorced/Separated

Widowed

Insufficient resources have been reported for basic living expenses. Please, list monthly 2019 income and the expenses paid from this income.

INCOME/RESOURCES	2019 MONTHLY INCOME/RESOURCES
Income from work – W2/1099 received	\$ /month
Income from work – Not reported on a W2	\$ /month
Workers' compensation	\$ /month
Unemployment	\$ /month
Military allowances	\$ /month
Pension	\$ /month
Child support/alimony	\$ /month
Social Security benefits	\$ /month
Food stamps	\$ /month
Subsidized housing	\$ /month
ADC (including child care)	\$ /month
Rental income from properties	\$ /month
Unsecured loan(s)	\$ /month
Other – if someone pays your living expenses, please include the monthly dollar value of the support, even if no money was actually paid to you and provide written statement from the provider	\$ /month
2019 TOTAL MONTHLY INCOME/RESOURCES	\$ /month

EXPENSES	2019 MONTHLY EXPENSES
Mortgage/Rent (provide receipt)	\$ /month
Utilities (phone, electric, heating, water, cable, etc) (provide statements)	\$ /month
Food	\$ /month
Automobile (loan/lease, fuel, repairs, insurance, etc) (provide statements)	\$ /month
Medical/Dental	\$ /month
Miscellaneous (child care, etc) (provide receipts)	\$ /month
2019 TOTAL MONTHLY EXPENSES	\$ /month

Attach a **signed** and **dated** copy of you and your spouse's 2019 federal tax return (if applicable). Include all schedules and W2(s). If you have additional comments about your living expenses or income resources, please attach another sheet.

Student Signature (Required)

Date

Spouse Signature (if applicable)

Date