



Financial Planning Office  
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**2019-2020  
 Certification of Income/Non-Filer Support**

Student Name: \_\_\_\_\_

Converse ID: \_\_\_\_\_

Person completing this form:

\_\_\_\_\_ Student

\_\_\_\_\_ Father/Stepfather/Adoptive Father      Name: \_\_\_\_\_

\_\_\_\_\_ Mother/Stepmother/Adoptive Mother      Name: \_\_\_\_\_

The Financial Planning Office has completed the initial review of the 2019-2020 FAFSA application. We need additional information to verify 2017 income and support. Return this completed form and all supporting documents to our office as soon as possible. **This form is not complete unless accompanied by all supporting documentation as outlined.**

Please complete the information below using 2017 tax year information. List your average monthly household expenses and how you pay those expenses in the columns below. **Attach a legible copy of all W2 forms for the 2017 tax year, even if you were not required to file taxes.**

- Do not list any zero dollar amounts or leave any blanks unless you provide a proper explanation.
- If an agency provided support/goods in 2017, list the agency name in the column for "Source of Income/Support." You must attach documentation from that supporting agency.
- If an individual(s) provide support/goods in 2017, list the individual(s) in the column for "Source of Income/Support." You must attach a **notarized** statement signed by the individual attesting to the support they provided.

Type of Expense	Cost per Month	Source of Income/Support
Housing	\$	
Household Utilities: electric, gas, water, oil, phone, etc.	\$	
Food for the family	\$	
Clothing for the family	\$	
Family Transportation	\$	
Medical Insurance	\$	
Miscellaneous (list all):	\$	
<b>Total</b>	\$	

**By signing this form, I certify that I (we) have provided true and accurate information for the 2017 tax year. I understand that purposely giving false or misleading information on this worksheet may result in fines, criminal charges or both.**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Spouse Signature**

\_\_\_\_\_  
**Date**

**Please note:** You are not eligible to complete this form if you have filed for a federal income tax extension for 2017.