



Trinity

Enrollment Services
125 Michigan Avenue NE
Washington DC 20017
 202.884.9530 fax: 202.884.9524

2014-2015 Household Resources Verification Form – Independent Student

Student's Name _____ SS# _____ Date _____

Please clarify your family's expenses and earnings and/or resources used to support the household. **No further action will be taken on the student's file until this information is received.**

Please complete the following statement of your **ANNUAL** untaxed income and expenses (the total for the entire calendar year); include information for you and if applicable for your parents or spouse:

Income	Student - Actual 2013 <u>ANNUAL</u> Untaxed Income	Spouse - Actual 2013 <u>ANNUAL</u> Untaxed Income
Salary		
SNAP (Food Stamps)		
Rental Income		
Pension		
Alimony		
Child Support		
Unemployment Compensation		
Disability Income (SSI)		
Other, please specify:		
Total A		

Expenses	Student - Actual 2013 <u>ANNUAL</u> Expenses	Spouse - Actual 2013 <u>ANNUAL</u> Expenses
Housing		
Food		
Transportation		
Utilities		
Child/Dependent Care		
Consumer Debt (credit cards)		
Personal (clothing, entertainment)		
Other, please specify:		
Total B		

If your annual income (Total A) is less than your annual expenses (Total B) please explain how your expenses are being covered:

Student's Signature _____ Date _____
 Spouse's Signature _____ Date _____

Return to: Office of Enrollment Services, 125 Michigan Avenue. NE, Washington, DC 20017

Phone: (202) 884-9530 Fax: (202)884-9524