

**YOUNGSTOWN STATE UNIVERSITY
COLLEGE FOR THE OVER-SIXTY
CREDIT OPTION**

Income Verification Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Date of Birth: _____

Social Security Number: _____

Statement of Income

For the purposes of completing this statement, **INCOME INCLUDES** total annual cash receipts before taxes from the following sources: money, wages, and salaries before any deductions; net receipts from non-farm self-employment (receipts from a person's own unincorporated business, professional enterprise, or partnership, after deductions for business expenses); not receipts from farm self-employment (receipts from a farm which one operates as an owner, renter, or sharecropper, after deductions for farm operating expenses); regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, workers' compensation, veteran's payments, public assistance (including Aid to Families with Dependent Children or Temporary Assistance for needy families, Supplemental Security Income, and non-Federally-funded General Assistance or general relief money payments), and training stipends; alimony, child support, and military allotments or other regular support from an absent family member or someone not living in the household; private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments; college or university scholarships, grants, fellowships, and assistantships; and dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.

INCOME DOES NOT INCLUDE the following: capital gains; any assets drawn from withdrawals from a bank, the sale of property, a house or a car; or tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury. Also excluded are non-cash benefits, such as the employer-paid or union-paid portion of health insurance or other employee fringe benefits, food or housing in lieu of wages, the value of food and fuel produced and consumed on farms, the imputed value of rent from owner-occupied non-farm or farm housing, and such federal non-cash benefit programs as Medicare, Medicaid, food stamps, school lunches, and housing assistance.

Number of family members in your household: _____

Total income of **all** household members for the most recent calendar year: _____

The undersigned applicant hereby certifies all of the information included on this form to be true and accurate. By signing this application, I agree, if asked, to provide information that will verify the accuracy of this information. This information may include a copy of my U.S. or State income tax form, or other relevant documentation to verify other sources of income.

Signature: _____ Date: _____

Office use:

The student named above is () is not () eligible for the 60+ program waiver of eligible fees for the _____ (academic year) or (semester).

Authorized Signature: _____ Date: _____

Director