



Office of Enrollment Services
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2020-2021 Household Resources Verification Form – Dependent Student

Student's Name: _____ Date: _____

Trinity ID or SS#: _____

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). Please include information for you and, if applicable, your parents or spouse:

Income	Student - Actual 2018 <u>ANNUAL</u> Untaxed Income	Parent - Actual 2018 <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 2018 <u>ANNUAL</u> Expenses	Parent - Actual 2018 <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

Parent's Signature

Date