



# Trinity

**Office of Enrollment Services**

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## 2021-2022 Household Resources Verification Form – Independent 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, for your parents or spouse:

Income	Student - Actual 2019 <u>ANNUAL</u> Untaxed Income	Spouse - Actual 2019 <u>ANNUAL</u> Untaxed Income
Salary		
SNAP (Food Stamps)		
Rental Income		
Pension		
Alimony		
Child Support		
Unemployment Compensation		
Disability Income (SSI)		
Other, please specify:		
<b>Total A</b>		

Expenses	Student - Actual 2019 <u>ANNUAL</u> Expenses	Spouse - Actual 2019 <u>ANNUAL</u> Expenses
Housing		
Food		
Transportation		
Utilities		
Child/Dependent Care		
Consumer Debt (credit cards)		
Personal (clothing, entertainment)		
Other, please specify:		
<b>Total B</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**

**OFFICE OF ENROLLMENT SERVICES**

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