



Trinity

Office of Enrollment Services

125 Michigan Avenue, NE

Washington, DC 20017

Ph: 202.884.9530 fax: 202.884.9524

E-mail: enrollmentservices@trinitydc.edu

2022-2023 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 2020 <u>ANNUAL</u> Untaxed Income | Spouse - Actual 2020 <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 2020 <u>ANNUAL</u> Expenses | Spouse - Actual 2020 <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

OFFICE OF ENROLLMENT SERVICES

125 MICHIGAN AVENUE, NE ♦ WASHINGTON, DC 20017-1094 ♦ (202) 884-9530 ♦ (202) 884-9524 (FAX) ♦ enrollmentservices@trinitydc.edu