



Office of Enrollment Services
125 Michigan Avenue, NE
Washington, DC 20017
 Ph: 202.884.9530 fax: 202.884.9524
 E-mail: enrollmentservices@trinitydc.edu

**2024-2025 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 <u>ANNUAL</u> Untaxed Income	Spouse - Actual <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 <u>ANNUAL</u> Expenses	Spouse - Actual <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