



Student Financial & Registration Services

2015-2016 Low Income Verification Form **DEPENDENT STUDENTS**

Complete the form below and return to Student Financial & Registration Services Express office within 5 business date it is received. Failure or delay in the submission of this form may lead to a delay or loss of your financial aid.

We have reviewed your FAFSA information and found that your parent(s) reported NO INCOME or UNUSUALLY LOW INCOME.

According to the poverty guidelines set by the federal government, the figures that you reported on the 2015/16 FAFSA are inadequate to sustain the number of members in the household. We require that you provide additional information regarding your family expenses based on the total income for 2014.

SECTION I-a: Student Information

Student Name: _____ Student ID (if applicable): _____

Student Address: _____

City: _____ State: _____ Zip Code: _____ Phone:() _____

SECTION I-b: Parent(s) Information

Parent 1 Full Name: _____

Parent 2 Full Name (if applicable): _____

INSTRUCTIONS:

- ✓ If a question does not apply to you DO NOT LEAVE IT BLANK. Please mark the answer with a zero OR use N/A for 'not applicable'.

Section II: Income Received-From January 1, 2014 to December 31, 2014

❖ Please indicate yearly totals for both parents and student

Do not leave any lines blank

SOURCES OF INCOME 2014	Parent(s)	Student
Total Earnings (from all jobs) in 2014	\$	\$
Total Unemployment Compensation received in 2014	\$	\$
Total Social Security Benefits received in 2014	\$	\$
Total Pensions/Retirement Funds received in 2014	\$	\$
Total Worker's Compensation received in 2014	\$	\$
Total TANF/Food Stamps/WIC received in 2014	\$	\$
Total Child Support received in 2014 (for all applicable dependents)	\$	\$
Total Alimony received in 2014	\$	\$
Total Cash Gifts received from family, friends, etc. in 2014	\$	\$
Total for other sources of income (such as Clergy) in 2014	\$	\$

Student name: _____

Section III a-d: Living Expenses-From January 1, 2014 to December 31, 2014

- Section III is broken into parts a-d
- Please be sure to:
 - Answer all questions and do not leave any blank
 - Indicate yearly totals
 - Include payments made by yourself and also any support given to you
 - Examples:
 - “In-kind support”: food or housing that a relative or friend provides to you
 - “Cash support”: a friend or relative gives you cash for groceries or pays a bill in your name such as cell phone, car insurance etc.

Section III-a: Housing Expenses in 2014

Parent(s)

- Parent(s): please select type of housing for 2014: OWN / RENT / OTHER
- Who paid for your housing in 2014? SELF / OTHER: _____
- How much did your housing cost for the entire 2014 year? \$ _____
- What was the total cost for your utilities in 2014? \$ _____
(*ex. Electric, Heating/Cooling, Water, other*)
- Who paid for your utilities in 2014? SELF / OTHER: _____

Student

- Student: please select type of housing for 2014: LIVE WITH PARENT(S) / RENT / OTHER
- Who paid for your housing in 2014? SELF / OTHER: _____
- How much did your housing cost for the entire 2014 year? \$ _____
- What was the total cost for your utilities in 2014? \$ _____
(*ex. Electric, Heating/Cooling, Water, other*)
- Who paid for your utilities in 2014? SELF / OTHER: _____

Section III-b: Personal expenses in 2014

Parent(s)

- What was the total cost for food (*Ex. Groceries, Meals Out*) in 2014? \$ _____
- Who paid for your food expenses in 2014: SELF / OTHER: _____
- What was the total cost of your phone (*cell and/or land line*) in 2014 \$ _____
- Who paid for your phone bills in 2014?: SELF / OTHER: _____
- What was the total cost for your personal care items in 2014? \$ _____
(*ex. Toiletries, entertainment, clothes*)
- Who paid for your personal care items in 2014? SELF / OTHER: _____

Student name: _____

Student *(continued)*

- What was the total cost for food (*Ex. Groceries, Meals Out*) in 2014? \$ _____
- Who paid for your food expenses in 2014: SELF / OTHER: _____

- What was the total cost of your phone (*cell and/or land line*) in 2014 \$ _____
- Who paid for your phone bills in 2014?: SELF / OTHER: _____

- What was the total cost for your personal care items in 2014? \$ _____
(*ex. Toiletries, entertainment, clothes*)
- Who paid for your personal care items in 2014? SELF / OTHER: _____

Section III-c: Transportation Expenses in 2014

Parent(s)

- Please select all types of transportation used in 2014: CAR / CAB / PUBLIC
- How much was spent on your transportation in 2014? \$ _____

- (*ex. Car payment and/or public transportation pass*)
- Who paid for your car payment and/or public transportation in 2014? SELF / OTHER _____

- How much was spent on car insurance and gas in 2014? (*if applicable*) \$ _____
- Who paid for your car insurance and gas in 2014? (*if applicable*) SELF / OTHER _____

Student

- Please select all types of transportation used in 2014: CAR / CAB / PUBLIC
- How much was spent on your transportation in 2014? \$ _____

- (*ex. Car payment and/or public transportation pass*)
- Who paid for your car payment and/or public transportation in 2014? SELF / OTHER _____

- How much was spent on car insurance and gas in 2014? (*if applicable*) \$ _____
- Who paid for your car insurance and gas in 2014? (*if applicable*) SELF / OTHER _____

Section III-d: Medical Expenses in 2014

Parent(s)

- Did you have medical insurance coverage in 2014: YES or NO
- What was the cost of the medical coverage in 2014? (*if applicable*) \$ _____
- Who paid for your medical coverage in 2014? (*if applicable*) SELF and/or OTHER _____

- What was the amount paid in co-pays, prescriptions and uninsured medical costs in 2014 \$ _____
- Who paid for your co-pays, prescriptions and uninsured medical costs in 2014? SELF and/or OTHER \$ _____

Student name: _____

Student *(continued)*

- Did you have medical insurance coverage in 2014: YES or NO
- What was the cost of the medical coverage in 2014? *(if applicable)* \$ _____
- Who paid for your medical coverage in 2014? *(if applicable)* SELF and/or OTHER _____

- What was the amount paid in co-pays, prescriptions and uninsured medical costs in 2014? \$ _____
- Who paid for your co-pays, prescriptions and uninsured medical costs in 2014? SELF and/or OTHER \$ _____

Please use this space provided to include any additional information: _____

Yearly total for all “in-kind support” from your responses in section III: \$ _____

- “In-kind support”: *example* - food or housing that a relative or friend provided to you

Yearly total for all “cash support” from your responses in section III: \$ _____

- “Cash support”: *example* - a friend or relative gave you cash for groceries or paid a bill in your name (*such as cell phone, car insurance etc.*)

Section IV: STATEMENT AND CERTIFICATION

Please certify the following statement:

All information provided by me or any other person on this form is true and complete to the best of my knowledge. If asked by authorized official, I agree to give proof of the information I have provided on this form. I also understand that by not providing the information requested I could be denied financial aid.

Student Signature: _____

Parent 1 Signature: _____

Parent 2 Signature (if applicable): _____