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## Student Financial & Registration Services

Federal School Code: 007304 [www.ciachef.edu](http://www.ciachef.edu)

# 2020–2021 Low Income Verification Form Dependent Student

Complete the form below and return to Student Financial & Registration Services. 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 Family reported no or unusually low income. According to the poverty guidelines set by the Federal Government, the figures that you reported on the 2020–2021 FAFSA are inadequate to sustain the number of people in the household. Additional information is required regarding your family’s living expenses based on the total income for **2018**.

If we find conflicting data between this form and your FAFSA, we may require additional documentation. If FAFSA adjustments are necessary based on the information reported on this form, we will make the corrections electronically for you.

### Section I-a: Student Information

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

### Section I-b: Parent(s) Information

Parent 1 Full Name: \_\_\_\_\_

Parent 2 Full Name (If Applicable): \_\_\_\_\_

### Section II – INSTRUCTIONS:

- ✓ Provide Information regarding income from **January 1, 2018** to **December 31, 2018**.
- ✓ List **YEARLY** amounts.
- ✓ 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.” If questions are left blank, this form cannot be processed.

<b>SOURCES OF INCOME in 2018</b> Please indicate <b>YEARLY</b> totals for both parents and student	<b>Parent(s)</b>	<b>Student</b>
Earnings: Wages from work or Business Income		
Unemployment Compensation		
Social Security Benefits		
Pensions/Retirement Funds		
Worker’s Compensation		
Welfare Benefits (AFDC/ADC or TANF)		
Food Stamps/Wic/SNAP		
Child Support Received		
Alimony or Separation Maintenance		
State Housing Assistance (Section 8)		

Student's Name: \_\_\_\_\_

**SECTION III - Instructions:**

- ✓ Please explain how your family met living expenses in **2018** (From January 1, 2018 to December 31, 2018). If any amount is "0" provide details in the space provided at the bottom of the page. If additional room is needed, attach a separate sheet of paper.
- ✓ List **Monthly** amounts.
- ✓ If there were no expenses for a listed category, **do not leave it blank**. Mark the answer with a zero or use N/A and provide details in the space provided at the bottom of the form. **If questions are left blank, this form cannot be processed.**

**1. Mortgage/Rent per month:** **Amount: \$** \_\_\_\_\_

**Who Paid?**     Parent(s)                       Student  
 Bill in Parent(s) name but someone else gives money to pay (Explain Below)  
 Allowed to live in someone else's residence for free (Explain Below)

**2. Utilities (Gas, Electric, Cable, Etc.) per month:** **Amount: \$** \_\_\_\_\_

**Who Paid?**     Parent(s)                       Student  
 Bill in Parent(s) name but someone else gives money to pay (Explain Below)  
 Allowed to live in someone else's residence for free (Explain Below)

**3. Food/Personal Care Items (groceries, meals out, toiletries) per month:** **Amount: \$** \_\_\_\_\_

**Who Paid?**     Parent(s)                       Student  
 someone else gives money to pay (Explain Below)  
 Food Stamps/Food Pantry, Etc.

**4. Transportation (Car loan, Public Trans, Gas, Maint.) per month:** **Amount: \$** \_\_\_\_\_

**Who Paid?**     Parent(s)                       Student  
 Bill in Parent(s) name but someone else gives money to pay (Explain Below)  
 Allowed to use someone else's vehicle (Explain Below)

**5. Phone Service (Cell/Land Line) per month:** **Amount: \$** \_\_\_\_\_

**Who Paid?**     Parent(s)                       Student  
 Bill in Parent(s) name but someone else gives money to pay (Explain Below)

**6. Insurance (Home Owners, Renters, Auto) per month:** **Amount: \$** \_\_\_\_\_

**Who Paid?**     Parent(s)                       Student  
 Bill in Parent(s) name but someone else gives money to pay (Explain Below)

**7. Medical (Insurance, Doctor Co-Pays) per month:** **Amount: \$** \_\_\_\_\_

**Who Paid?**     Parent(s)                       Student  
 Bill in Parent(s) name but someone else gives money to pay (Explain Below)  
 Given Free Services from \_\_\_\_\_

**8. Entertainment/Recreation per month:** **Amount: \$** \_\_\_\_\_

**Who Paid?**     Parent(s)                       Student  
 someone else gives money to pay (Explain Below)

**Additional Information:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 officials, 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. **NOTE: We Cannot Accept Electronic Signatures.**

**Student Signature:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_