

**Dependent Student Low Income Verification**

Student: \_\_\_\_\_ SS#: \_\_\_\_\_

The information you provided on the FAFSA for your parent(s) reflects a particularly low income therefore; we must ask you to verify how your entire family met living expenses in 2008.

1. Mortgage or rent payment per month: Amount: \$ \_\_\_\_\_  
Who paid? \_\_\_\_\_ student/parent(s)  
\_\_\_\_\_ bill in student/parent(s) name but someone else gives money to pay  
\_\_\_\_\_ allowed to live in someone else's residence for free
  
2. Utilities (electric, heat, etc.) per month: Amount: \$ \_\_\_\_\_  
Who paid? \_\_\_\_\_ student/parent(s)  
\_\_\_\_\_ bill in student/parent(s) name but someone else gives money to pay  
\_\_\_\_\_ allowed to live in someone else's residence for free
  
3. Food per month: Amount: \$ \_\_\_\_\_  
Who paid? \_\_\_\_\_ student/parent(s)  
\_\_\_\_\_ bill in student/parent(s) name but someone else gives money to pay  
\_\_\_\_\_ allowed to live in someone else's residence and eat their food
  
4. Transportation (car insurance, gas, train, bus, etc.) per month: Amount: \$ \_\_\_\_\_  
Who paid? \_\_\_\_\_ student/parent(s)  
\_\_\_\_\_ bill in student/parent(s) name but someone else gives money to pay  
\_\_\_\_\_ allowed to use someone else's vehicle
  
5. Medical and dental costs per month: Amount: \$ \_\_\_\_\_  
Who paid? \_\_\_\_\_ student/parent(s)  
\_\_\_\_\_ bill in student/parent(s) name but someone else gives money to pay  
\_\_\_\_\_ given free services from \_\_\_\_\_
  
6. Clothing, personal expenses, and spending money per month: Amount: \$ \_\_\_\_\_  
Who paid? \_\_\_\_\_ student/parent(s)  
\_\_\_\_\_ bill in student/parent(s) name but someone else gives money to pay

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of the other person who paid any of above expenses: \_\_\_\_\_

Signature of the other person who paid any of above expenses: \_\_\_\_\_