

Independent Student Low Income Verification

Student: _____ SS#: _____

The information you provided on the FAFSA for you reflects a particularly low income therefore; we must ask you to verify how your family met living expenses in 2009.

1. Mortgage or rent payment per month: Amount: \$ _____
Who paid? ___ student/spouse
 ___ bill in student/spouse 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/spouse
 ___ bill in student/spouse 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/spouse
 ___ bill in student/spouse 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/spouse
 ___ bill in student/spouse 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/spouse
 ___ bill in student/spouse 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/spouse
 ___ bill in student/spouse name but someone else gives money to pay

Student's Signature: _____ Date: _____

Spouses Signature: _____ Date: _____

Name of the other person who paid any of above expenses: _____

Signature of the other person who paid any of above expenses: _____