

Parent Low Income Verification Form (for dependent students)

Student: _____ RAM ID#: _____

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 2010.

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
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

1. 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: _____