Farmingdale State College
State University of New York

2014-2015 Parental Low Income Verification Form
Federal Student Aid Programs

Your **2014-2015** Free Application for Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and a parent whose information was reported on the FAFSA (if applicable) must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the Office of Financial Aid. We may ask for additional information. If you have any questions about verification, contact us at (631) 420-2578 as soon as possible so that your financial aid will not be delayed.

STUDENT INFORMATION

Last Name_____First Name_____ MI_____ RAM ID_____

Your information as provided on the FAFSA reflects a particularly low income therefore; we must ask you to verify how your family met living expenses in **2013**.

1. Mortgage or rent payment **per month**:   Amount: $_____
   Who paid?   _____parent(s)
                        _____bill in 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?   _____parent(s)
                        _____bill in 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?   _____parent
                        _____bill in 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?   _____parent
                        _____bill in 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?   _____parent
                        _____bill in 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?   _____parent
                        _____bill in parent(s) name but someone else gives money to pay

Signature/Student: _____ Date:_____

Signature/Parent:_____ Date:_____

Name and Relationship of any other person(s) who paid/assisted with any of the above expenses:

Name _____ Relationship_____

Name_____ Relationship_____

Signature of any other person(s) who paid/assisted with any of the above expenses:

_____   _____