

PARENT SIGNATURE:_____

OFFICE OF FINANCIAL AID

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2013-2014 PARENT LOW INCOME INQUIRY FORM

This information is being requested because the income your parent(s) reported on you FAFSA appears unusually low.

Student Name:		
Student ID#: Social Security Number:		
Wages, Salaries, Tips (Do not include Federal Work-Study)		
Severance Compensation		
Unemployment Compensation		
Alimony		
Child Support		
Welfare Benefits (including ADC/AFDC/TANF)		
Workers Compensation		
Disability Payments; Vocational Rehabilitation		
Social Security Benefits		
Veterans Benefits		
Food Stamps		
Subsidized Housing (value of subsidy)		
Housing, food, and other living allowance paid to members of the military, clergy, and others (including cash payments and cash value of benefits)		
Money received or paid on your behalf (i.e., bills, rent, food)		
Pension		
Other (identify):		
TOTAL INCOME OR BENEFITS		
Please have your parent(s) explain IN DETAIL how living expert transportation, medical, personal, etc.) were met for you/your		ood,
STUDENT SIGNATURE:	DATE:	

_PRINT NAME:_____

DATE:_