

2015 – 2016 Minimal Income Statement

A review of your Free Application for Federal Student Aid (FAFSA) Verification indicates that total income from all sources for 2014 appears to be unusually low. This statement must be completed and returned to Financial Aid, emailed to financialaid@SummitU.edu, or faxed to 570.585.9470. Any federal aid (including loans) may be cancelled until this form is submitted to Financial Aid.

Definitions

- Independent: This is a student who is over 24 years of age, married, a veteran, graduate student, ward of the court, or orphaned. References to income or expenses on this form refer to the student's household income and expenses.
- Dependent: This is a student who does not fit the independent category. References to income or expenses on this form refer to both the student's and the parent's household income or expenses.
- Support: This includes money, gifts, and other payments made for expenses by someone other than the student, parent(s) (for dependent students), or spouse (for independent students).

Student Name (please print) _____ Last 4 digits of SSN _____

Income and Expense Information

Living Expenses	Amount Per Month for the 2014 Year	Source of Support*	Average Amount of Support Per Month
Housing (rent, mortgage, taxes and insurance not included in the mortgage)	\$		\$
Child Care	\$		\$
Food	\$		\$
Utilities	\$		\$
Medical/Dental	\$		\$
Credit Card Payments	\$		\$
Clothing	\$		\$
Transportation (car payments, insurance, etc.)	\$		\$
Other Personal Expenses	\$		\$
Total Monthly Expenses and Support	\$		\$

*Please provide the name of the person or organization (e.g. Temporary Assistance for Needy Families (TANF), Social Security Income (SSI), Supplemental Nutrition Assistance Program (SNAP or food stamps), etc.), that provided the support.

Did your family live with relatives or someone else who provided them with free room and/or meals in 2014?

- ☐ Yes
☐ No



This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

By signing this document, I certify that all information provided is complete and accurate to the best of my knowledge.

Parent (required for dependent student)_____ Date _____

Spouse (required for a married student)_____ Date _____

