

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 2012.

1. Mortgage or rent payment **per month**: Amount: \$ _____
Who paid? _____ parent(s)
_____ bill in parent name-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 name-someone else gives money to pay
_____ allowed to live in someone else's residence for free

3. Food **per month**: Amount: \$ _____
Who paid? _____ parent(s)
_____ bill in parent name-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(s)
_____ parent name-someone else gives money to pay
_____ allowed to use someone else's vehicle

5. Medical and dental costs **per month**: Amount: \$ _____
Who paid? _____ parent(s)
_____ bill in parent name-someone else gives money to pay
_____ given free services from _____

6. Clothing, personal expenses, and spending money **per month**: Amount: \$ _____
Who paid? _____ parent(s)
_____ bill in parent name-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:
