

**2014-2015  
Dependent Supplemental Income  
Verification Form**



OFFICE OF STUDENT FINANCIAL AID  
9201 University City Boulevard  
Charlotte, NC 28223-0001  
Phone: (704) 687-5504  
Fax: (704) 687-1425

Student Name: \_\_\_\_\_ UNC Charlotte Student ID: \_\_\_\_\_

Parent Name: \_\_\_\_\_

The 2013 income you reported on your 2014-2015 Free Application for Federal Student Aid (FAFSA) appears insufficient to support the number of people in your household. **AND/OR** You indicated on your FAFSA that you **will not file** and **are not** required to file a 2013 income tax return with the IRS. **PARENTS MUST COMPLETE THE SECTIONS BELOW.**

**Section A: Income for 2013: Please list any income you and/or your family received in 2013.**

1. Are refunds from financial aid your only source of income?  **Yes** - Proceed to Section B.  **No** - Complete the table in #2.
2. Enter Estimated Monthly Income: **Provide Documentation for any income listed.** Documentation includes (not limited to): W-2/1099 forms, print outs from Social Security, Employment Security Commission, Child Support Enforcement, and/or a notarized statement from the person who provided the income. **Please enter "0" if not applicable**

January 2013	\$	May 2013	\$	September 2013	\$
February 2013	\$	June 2013	\$	October 2013	\$
March 2013	\$	July 2013	\$	November 2013	\$
April 2013	\$	August 2013	\$	December 2013	\$
<b>Yearly Total</b>					\$

**Section B: Expenses for 2013**

Enter the amount you will spend per month in 2013 (attach a separate sheet if additional space is needed).

**Please Note: We will be unable to review your file if we do not receive the information requested & the applicable documentation.**

Monthly Expense	Amount Per Month on Average	How were Expenses Paid?
Housing Status: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Parent\Relative\other and pay no housing expenses.	\$ _____	<input type="checkbox"/> Parent <input type="checkbox"/> Friends <input type="checkbox"/> Relatives <input type="checkbox"/> Other: _____
Utilities: Gas, Phone, Power, Water	\$ _____	<input type="checkbox"/> Parent <input type="checkbox"/> Friends <input type="checkbox"/> Relatives <input type="checkbox"/> Other: _____
Major Payments by Month: Cell phone Bill: \$ _____ Internet and\or cable Bill: \$ _____ Car Insurance and\or payment: \$ _____ Credit Cards: \$ _____ Other: \$ _____ TOTAL: \$ _____		<input type="checkbox"/> Parent <input type="checkbox"/> Friends <input type="checkbox"/> Relatives <input type="checkbox"/> Other: _____
Food	\$ _____	<input type="checkbox"/> Parent <input type="checkbox"/> Friends <input type="checkbox"/> Relatives <input type="checkbox"/> Other: _____
Child Care	\$ _____	<input type="checkbox"/> Parent <input type="checkbox"/> Friends <input type="checkbox"/> Relatives <input type="checkbox"/> Other: _____
Other (please specify):	\$ _____	<input type="checkbox"/> Parent <input type="checkbox"/> Friends <input type="checkbox"/> Relatives <input type="checkbox"/> Other: _____
Monthly Total:	\$ _____	<input type="checkbox"/> Parent <input type="checkbox"/> Friends <input type="checkbox"/> Relatives <input type="checkbox"/> Other: _____

I certify that the information provided is accurate and complete to the best of my knowledge.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_