

Pierpont Community & Technical College
2017-2018 Low Income Verification Form – Dependent

On your Free Application for Federal Student Aid (FAFSA) **your parents** stated an income for 2015 that is unusually low. *This form is requesting the **total family income for your parent/s**. Do not include any parent not on the FAFSA. Do not include student income!*

Student Name: _____

ID: _____

Please explain how your living expenses were met and by whom in 2015. Who paid these costs?

	Monthly Amount	Yearly Amount	Paid by: (Mother/Father Other-provide name)	Name on mortgage, lease, loan, bill, etc.
Rent/Mortgage	\$	\$		
Utilities	\$	\$		
Food	\$	\$		
Clothing	\$	\$		
Transportation	\$	\$		
Car Payments/Leases	\$	\$		
Insurance (Auto/Home)	\$	\$		
Recreation/Entertainment	\$	\$		
Cell Phone	\$	\$		
OTHER: Please explain	\$	\$		

Money Available to Pay Bills:	Total ANNUAL Amount for 2015
Father's Income from Work	\$
Mother's Income from Work	\$
Other Non-reported Income	\$
Pension/Retirement	\$
Unemployment/Worker's Comp	\$
Untaxed Social Security	\$
Supplemental Security Income	\$
Child Support Received	\$
Welfare/AFDC/TANF/WIC	\$
Food Stamps	\$
Low Income Housing	\$
Other (Please Specify)	\$

By signing this worksheet, you certify that all information reported on this worksheet is complete and correct. Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail or both.

Student Signature

Date