2020-2021 INCOME VERIFICATION FORM

Student Name_____

ID # _____

Your financial aid application has been selected for verification. In order to continue processing your file, we need additional information regarding your living expenses and your sources of support.

Dependent students should have their parent(s) or legal guardian(s) complete the questions below. Questions should be read as applying to the entire **family's** income and expenses. Parent or legal guardian should also sign the form.

Directions -- Read Carefully

Please answer completely all items below. If a value is zero, place a zero in the space provided. Be sure to sign and date this statement when it is complete. Incomplete forms will delay the processing of your financial aid. These questions pertain to sources of income you may have received in 2018 beyond the income already reported on your FAFSA. Do not include income from your tax return.

1. Did you receive support, cash or otherwise, from anyone in 2018? (Provide the "Cash Value" of non-cash support such as room & board, food, insurance, child care, etc. Example: If you lived with a relative free of charge, there is a "**cash value**" associated with that type of support.) If money was given to you for any of the following reasons, provide the value.

Source	Amount per month
Room & Board	\$
Health/Auto Insurance	\$
Child Care	\$
Cash Gifts From:	\$
Tips or Other Untaxed Income	\$
Other:	\$
Other:	\$

2. What if any, public assistance support did you receive in 2018?

Source	Amount per month
TANF Benefits	\$
Food stamps	\$
Rent subsidies	\$
Welfare/Unemployment	\$
Other:	\$
Other [.]	\$

3. What, if any, financial aid resources have you used for living expenses in 2018? (Only include amounts above tuition.)

Type of Aid	Amt. used to live/year
Scholarships/grants	\$
Financial aid loans	\$
Financial aid employment	\$

OVER PLEASE -->

Year	Type of Loan	Amount Borrowed	<u>Amount Still</u> Owed

Are you making payment(s) to the above loan(s)? \Box YES \Box NO

If yes, how are you making payments on the above loans?

5. Complete the following statement of your 2018 monthly expenses:

Housing	\$
Food	\$
Car (payments, gas, insurance, maintenance, bu	\$ s fare)
Child care	\$
Personal (clothing or entertainment)	\$
Medical Expenses	
(not reimbursed)	\$
Other (please list)	\$
6. Do you have roommate	s?

If so, how many roommates?

7. Submit a signed lease showing monthly rent expense. This document should verify the amount you've paid per month in rent. *If a signed lease is not available*, submit a signed letter from your landlord or property management company on a company letterhead with a phone number.

Please Note --

You must show in the income sections on the front of this form how you are meeting *all* expenses. Further processing of your file is not possible until this form is completely filled out, signed and accompanied by a copy of your lease. Please call if you have questions about this form.

This form will be returned to you if all items are not completed. If the answer is zero or not applicable, please mark this answer in the space provided.

Department of Education guidelines require the verification of all items of income -- this information must be submitted before financial aid can be offered to you!

Certification Statement

All information provided by me or any other on this form and the supporting documents is true and complete to the best of my knowledge.

Student Signature_____Date____

Parent Signature_ Date



Return this form to: Marymount University Office of Financial Aid ROWLEY Room 1008 2807 North Glebe Rd. Arlington, Virginia 22207-4299

Fax| 703-516-4711 Email| <u>financial.aid@marymount.edu</u> www.marymount.edu