

MOORPARK • OXNARD • VENTURA FINANCIAL AID OFFICE

2017-2018 LOW INCOME VERIFICATION FORM - PARENT

STUDENT'S NAME _____

STUDENT ID # _____

The income reported for your parent(s) for 2015 appears to be insufficient to support the number of people listed in your household. Please have your parents complete this form to clarify how they were able to support the household during 2015; in particular, how they were able to provide for such needs as housing, food, utility bills, and clothing.

2015 UNTAXED INCOME	
<u>DO NOT LEAVE ANY ITEMS BLANK</u>	
<i>Please check if anyone in the household received the following.</i>	
Free or Reduced Price Lunch	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Assistance (TANF)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental Assistance (e.g. Section 8)	<input type="checkbox"/> Yes <input type="checkbox"/> No
SNAP Benefits (Food Stamps)	<input type="checkbox"/> Yes <input type="checkbox"/> No
WIC	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>DO NOT LEAVE ANY ITEMS BLANK</u>	2015 TOTAL
If it does not apply, enter 0	
Child Support Received	\$ _____
Family/Friends Cash Assistance	\$ _____
Social Security – Type _____	\$ _____
SSI (Supplemental Security Income)	\$ _____
Unemployment Benefits	\$ _____
Veterans non-educational benefits	\$ _____
Wages	\$ _____
Other Sources	\$ _____
TOTAL 2015 UNTAXED INCOME	\$ _____

2015 LIVING EXPENSES	
<u>DO NOT LEAVE ANY ITEMS BLANK</u>	2015 TOTAL
<u>Debts</u>	
Credit Card Payments	\$ _____
Personal Loans	\$ _____
<u>Food</u>	
Dining Out	\$ _____
Prepared at Home	\$ _____
<u>Medical</u>	
Doctor Bills/Prescriptions	\$ _____
Dental Bills	\$ _____
Health/Dental Insurance Premiums	\$ _____
<u>Rent/ Mortgage</u>	\$ _____
<u>Telecommunications</u>	
Cell Phone/Home Phone	\$ _____
Internet	\$ _____
<u>Transportation</u>	
Gasoline	\$ _____
Auto Payment	\$ _____
Auto Insurance	\$ _____
Auto Repair/Maintenance	\$ _____
Public Transportation	\$ _____
<u>Utilities</u>	
Electricity	\$ _____
Gas	\$ _____
Water	\$ _____
<u>Other Expenses</u>	\$ _____
TOTAL 2015 EXPENSES	\$ _____

Check ALL boxes that apply to your parent(s) and attach appropriate letter:

- ☒ **All parents** - include a letter explaining your income/expense situation in 2015.
- ☐ If your total 2015 Income (taxable and untaxed) is less than your total 2015 living expenses, please attach a signed letter explaining how the living expenses were paid.
- ☐ If your living expenses = 0, please attach a signed letter explaining how you lived with no expenses.
- ☐ If a majority of the expenses are in someone else's name, please attach a letter explaining your situation.

I certify that all information reported is complete and correct to the best of my ability and that I have attached the above documentation, if applicable.

PARENT'S SIGNATURE

DATE