MARIAN UNIVERSITY
Indianapolis

2018-19 Low Income Verification Worksheet

Student: _____ ID: _____

Your 2018-19 FAFSA reflects unusually low income in 2016 for your family. Please complete this worksheet and return it to the Office of Financial Aid. We cannot continue to process your file until we have received this worksheet.

How do you pay for food, rent, medical expenses, utilities, etc. each month?

_____

_____

_____

_____

If you receive money from family or friends, how much did you receive from them monthly in 2016?

_____

_____

	Student	**Parent**
Income earned from work in 2016	**$**	**$**
Child support received in 2016	**$**	**$**
Social security benefits received in 2016	**$**	**$**
TANF benefits received in 2016	**$**	**$**
Amount of monthly rent paid	**$**	**$**

I certify that the information provided above is correct.

_____ _____

Student Signature date Parent Signature (if dependent) date

3200 Cold Spring Road • Indianapolis, IN 46222 • 317.955.6040 • fax: 317.955.6424 • email: finaid@marian.edu