



## 2018-2019 DEPENDENT STUDENT VERIFICATION OF LOW INCOME

Student's Name: \_\_\_\_\_ SS#/ID Number: \_\_\_\_\_

We have received your FAFSA for the 2018-2019 academic year. The total family income of \$\_\_\_\_\_ you reported for the 2016 calendar year for you and your parent(s) on your 2018-19 FAFSA is extremely low and is below minimum levels necessary to support you and/or your parent(s)/family.

**Please list the following yearly amounts received in 2016:**

	STUDENT	PARENT(S)
Income from Employment	\$ _____	_____
TANF/AFDC/ADC	_____	_____
Food Stamps Received	_____	_____
Child Support Received	_____	_____
Social Security Benefits	_____	_____
Housing/Food/Living Allowances	_____	_____
Worker's Compensation	_____	_____
*Gifts and Support Received in Cash	_____	_____
*Cash Support paid on your behalf	_____	_____

*\*Gifts and Cash Support: A student must report any money he or she received, or money paid to someone else on his or her behalf. For example, if a friend or relative gives the student grocery money, it's reported as untaxed income. If the friend or relative pays the student's electric bill or part of the student's rent, the student must report those payments as untaxed income. Do not report "in-kind" support in forms other than money, such as free food or housing.*

**Estimate a typical month's expenses for 2016:**

	STUDENT	PARENT(S)
Housing	\$ _____	_____
Utilities	_____	_____
Food	_____	_____
Transportation	_____	_____
Medical Bills	_____	_____
Car Payments	_____	_____
Phone	_____	_____
Other	_____	_____
Other	_____	_____

I certify that the above information is true and accurate to the best of my knowledge:

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Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return form to:**

**The Cleveland Institute of Art, Office of Financial Aid, 11610 Euclid Avenue, Cleveland, OH 44106  
Fax # (216) 754-3634; Email: [financialaid@cia.edu](mailto:financialaid@cia.edu)**

