



**2020-2021 DEPENDENT STUDENT
VERIFICATION OF LOW INCOME**

Student's Name: _____ CIA ID Number: _____

We have received your FAFSA for the 2020-2021 academic year. The total family income of \$ _____ you reported for the 2018 calendar year for you and your parent(s) on your 2020-21 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 2018:

	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.*

Student's Name: _____ CIA ID Number: _____

Estimate a typical month's expenses for 2020:

	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:

Student's Signature

Date

Parent's Signature

Date

Please return this 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**