



**2020-2021 INDEPENDENT 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 \$ \_\_\_\_\_ for the 2018 calendar year for you and your spouse (if appropriate) on your 2020-21 FAFSA is extremely low and is below minimum levels necessary to support you and/or you and your spouse's family (if applicable). This determination is in accordance with the poverty levels established by the U. S. Department of Health and Human Services to determine eligibility for various federal programs. Thus you must complete and submit this form to the CIA Office of Financial Aid.

**Please list the following yearly amounts received in 2018:**

	<b>STUDENT</b>	<b>SPOUSE</b>
Income from Employment	\$ _____	\$ _____
TANF/AFDC/ADC	\$ _____	\$ _____
Food Stamps Received	\$ _____	\$ _____
Child Support Received	\$ _____	\$ _____
Social Security Benefits	\$ _____	\$ _____
Housing/Food/Living Expenses Paid for you	\$ _____	\$ _____
Worker's Compensation	\$ _____	\$ _____
*Gifts and Cash Support Received	\$ _____	\$ _____
Other Expenses paid on your behalf (cell phone, medical insurance)	\$ _____	\$ _____

*\*Gifts & 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 is reported as untaxed income. If the friend or relative pays the student's electric bill or part of a student's health/medical insurance, the student must report those payments as untaxed income.*

Student's Name: \_\_\_\_\_ CIA ID Number: \_\_\_\_\_

**Estimate a typical month's expenses for 2020:**

	<b>STUDENT</b>	<b>SPOUSE</b>
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

\_\_\_\_\_  
Spouse's Signature Date

**Please return form to:**

**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)**