



2021-2022 DEPENDENT STUDENT VERIFICATION OF LOW INCOME FORM

Student's Name _____ Student's CIA ID Number _____

We have received your FAFSA for the 2021-2022 academic year. The total family income of \$ _____ you reported for the 2019 calendar year for you and your parent(s) on your 2021-2022 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 2019:

	STUDENT	PARENT(S)
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 _____ Student's CIA ID Number _____

Estimate a typical month's expenses for 2021:

	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 form to:

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