



**2021-2022 INDEPENDENT
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 \$ _____ for the 2019 calendar year for you and your spouse (if appropriate) on your 2021-22 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 2019:

	STUDENT	SPOUSE
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	SPOUSE
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**