



**2022-2023 INDEPENDENT
STUDENT VERIFICATION
OF LOW INCOME FORM**

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

We have received your FAFSA for the 2022-2023 academic year. The total family income of \$ _____ for the 2020 calendar year for you and your spouse (if appropriate) on your 2022-2023 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 Financial Aid Office.

Please list the following yearly amounts received in 2020:

	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.*

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Estimate a typical month's expenses for 2022:

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