

Tiffin University
Proof of Minimal Income
2008-2009



Student Name _____
Last *First* *Middle Initial*

Social Security Number _____ - _____ - _____

This form is used to gather information regarding items you have listed on your Free Application for Federal Student Aid (FAFSA). A review of your financial aid application indicates that your (and your spouse's) total income from all sources for 2007 appears to be **unusually low**. In order for us to finalize your verification and FAFSA information, you must provide the following information to verify how your living expenses were met.

SECTION I

Please complete the following questions. Use the comment section in part III below to explain any unusual circumstances that you want our office to take into consideration.

1. Did you (or your spouse) receive AFDC/TANF (welfare), SSI (disability), or Social Security benefits in 2007?
 NO
 YES — List the name(s) of the benefit:

How much was received per month in 2007? _____

Number of months you received assistance in 2007: _____

2. Did you (and your spouse) live with a relative or someone else who provided you with free room and board in 2007?
 NO
 YES — NAME: _____ RELATIONSHIP: _____

➔ IS YOUR NAME LISTED ON THE LEASE/MORTGAGE? YES NO

3. Did you (and your spouse) live in another country in 2007?
 NO
 YES — What country? _____

4. Did you (and your spouse) earn income in your home country in 2007?
 NO
 YES — How much? \$ _____
(Total amount for 2007 in U.S. dollars)

SECTION II

Please complete below. You must list your monthly expenses, your monthly amount of support, and your source of support that you received for the year 2007. Please provide the most accurate information possible.

STUDENT LIVING EXPENSES	<u>EXPENSES</u> LIST THE AMOUNT PER MONTH FROM JANUARY 1, 2007 TO DECEMBER 31, 2007	<u>SUPPORT</u> List the amount per month from January 1, 2007 to December 31, 2007	WHO PAID THIS EXPENSE?
1. Housing (rent/mortgage)	\$	\$	
2. Child Care	\$	\$	
3. Utilities	\$	\$	
4. Credit Card(s)			
5. Medical/Dental	\$	\$	
6. Auto (car payments, insurance, maintenance)	\$	\$	
7. Other Personal Expenses	\$	\$	
8. TOTAL MONTHLY EXPENSES/SUPPORT	\$	\$	
9. TOTAL YEARLY EXPENSES/SUPPORT (Line 8 x 12 months)	\$	\$	

SECTION III

Use the comment section below to explain any unusual circumstances that you want our office to take into consideration.

Comments: _____

By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

_____ / ____ / _____
Student Signature **Date**