

Tiffin University
Proof of Minimal Income
2009-2010



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 parent(s) total income from all sources for 2008 appears to be **unusually low**. In order for us to finalize your verification and FAFSA information, your parent(s) must provide the following information to verify how 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 your parent(s) receive AFDC/TANF (welfare), SSI (disability), or Social Security benefits in 2008?

- NO
 YES — List the name(s) of the benefit:

How much was received per month in 2008? _____

Number of months you received assistance in 2008: _____

2. Did your parent(s) live with a relative or someone else who provided you with free room and board in 2008?

- NO
 YES — NAME: _____ RELATIONSHIP: _____

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

3. Did your parent(s) live in another country in 2008?

- NO
 YES — What country? _____

4. Did your parent(s) earn income in your home country in 2008?

- NO
 YES — How much? \$ _____
(Total amount for 2008 in U.S. dollars)

SECTION II

Please have your parent complete below. Your parent must list monthly expenses, monthly amount of support, and source of support received for the year 2008. Please provide the most accurate information possible.

PARENT(S) LIVING EXPENSES	<u>EXPENSES</u> LIST THE AMOUNT PER MONTH FROM JANUARY 1, 2008 TO DECEMBER 31, 2008	<u>SUPPORT</u> List the amount per month from January 1, 2008 to December 31, 2008	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, we affirm that all information on this form and any attachments are complete and accurate to the best of our 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

Parent Signature

____/____/____
Date