

Cost of Living Verification Form

Supplement to Low-Income Clarification Form

Student Name	9	Student ID Number
work, or income from other sources	on your 2013-2014 Free A king the blank next to the	ljusted gross income, income earned fron pplication for Federal Financial Aid. Please answer(s) that most closely describes you
1. Housing Expenses		
☐ Paid rent or mortgage payment for		
Monthly amount: \$		
Received assistance from spouse		=
Monthly amount: \$	_ Number of months:	
☐ Lived with friend or relative☐ Lived in government subsidized h	ousing	
☐ Other (please explain):	_	
2. Utility Expenses		
☐ Paid by self		
Monthly amount: \$	Number of months:	<u></u>
☐ Included in rent		
☐ Received assistance from spouse	through separation or divo	rce agreement
Monthly amount: \$		<u> </u>
☐ Paid by parent friend or relative		
Monthly amount: \$ □ Lived with friend or relative	_ Number of months:	
_ Lived Will Mend of Feldine		
3. Food Expenses		
☐ Paid by self		
☐ Provided by friend or relative		
Assisted by food stamps	Normalia and a financia de la co	
Monthly amount: \$	_ Number of months:	
4. Other Assistance Received for Ex	penses	
☐ Received assistance from alimony	from spouse through sepa	aration or divorce agreement
Monthly amount: \$		
☐ Received assistance from child su		
Monthly amount: \$	_ Number of months:	
☐ Provided by friend or relative		
Monthly amount: \$		
Provided through government su	• •	
Monthly amount: \$	_ Number of months:	
Student Signature:		Date
Parent Signature:		_ Date

Please complete this form and mail to: