



Mount Aloysius College Dependent Income Verification Form

Last Name _____ First Name _____

Please read this form carefully and complete all information that applies to you and your family. Failure to complete and return the form will result in a delay in the processing of your financial aid. Any aid you may be eligible for will not be applied to your tuition account until this matter is resolved.

The income listed on your Free Application for Federal Student Aid (FAFSA) for your parents is unusually low for the number in the household. When a student or parent completes the FAFSA with no or unusually low income for an entire year, this form must be completed as clarification. The Financial Aid Office reserves the right to request additional information or documentation proving what you list on this form is correct. You may also attach a letter to this form explaining your situation. ***Dependent students must provide parental information.**
 (Dependent students are those that were required to list parental information/income on their FAFSA.)

From January 2020 to December 2020 did you live with (please check all that apply):

Parent Spouse/Significant Other Other Relative Friend Had own residence

Please answer all questions below for the parent(s) whose information was reported on the Free Application for Federal Aid (FAFSA).

SECTION I: 2020 LIVING EXPENSES

Each person has everyday expenses related to living and upkeep of a household. Please provide an answer to the items listed below as to the amount of you and your family's **average monthly expenses in 2020**. Keep in mind that if you live with someone who is supporting you or your family, you must list the amounts this person pays on your behalf for the items listed below. **Answering zero to all questions below will not be accepted.**

	<u>Amount per MONTH</u>			
	PARENT PAYS	PAID BY OTHERS		
Housing-Mortgage/Rent:	_____	_____	<div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> ●●●●●●●●●●●●●●●●●●●●●●● </div> <p>*Complete this section based on you and your family's average monthly expenses. If your parent lives with someone who is paying these bills in the home in which they reside, you must list the portion this person pays on your families behalf. For example: You, your parent and younger sister live with your grandparent or a friend. The rent each month is \$400. Four of you live in the apartment. \$400 divided by 4 is \$100.00 each. \$100.00 X3 (you, your parent & sister) is \$300.00 \$300.00 was paid on your parent's behalf.</p>	
Food:	_____	_____		
Electric:	_____	_____		
Heating/Cooling:	_____	_____		
Water/Sewer/Garbage:	_____	_____		
Cell/Phone service:	_____	_____		
Cable/TV:	_____	_____		
Internet service:	_____	_____		
Life, Car, Medical or Home Ins:	_____	_____		
Car payments:	_____	_____		
Gasoline/Vehicle repairs:	_____	_____		
Credit card or other debt payments:	_____	_____		
Personal: (clothing, health & beauty, entertainment, etc.)	_____	_____		
TOTAL:	\$ _____	\$ _____		MONTHLY expenses

SECTION II: Student's Primary Residence: Indicate where you currently live: _____

Do you parents receive low income housing benefits? If so, please list the type of housing support your parent received (i.e. Section VIII, Subsidized Housing) _____

Were any bills for your parent(s) household paid by someone else or an organization? Yes No
If yes, list each bill and the amount paid for the year and who paid the bill.

Did you or anyone in your parents household receive any of the following benefits in 2020?

- WIC \$ _____ month
- Public Housing \$ _____ month
- TANF \$ _____ month
- Utility Check Payment \$ _____ month

SECTION IV: Certification(s): *By signing this form I (we) attest that the information is truthful to the best of my (our) knowledge.*

Student's Signature: _____ Date: _____

Student's Social Sec. #: _____

Parent's Signature: _____ Date: _____

Please return the completed form to:

MOUNT ALOYSIUS COLLEGE,
FINANCIAL AID OFFICE,
7373 ADMIRAL PEARY HWY,
CRESSON, PA 16630

814-886-6357