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.**

<table>
<thead>
<tr>
<th>Amount per MONTH</th>
<th>PARENT PAYS</th>
<th>PAID BY OTHERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing-Mortgage/Rent:</td>
<td>__________</td>
<td>__________</td>
</tr>
<tr>
<td>Food:</td>
<td>__________</td>
<td>__________</td>
</tr>
<tr>
<td>Electric:</td>
<td>__________</td>
<td>__________</td>
</tr>
<tr>
<td>Heating/Cooling:</td>
<td>__________</td>
<td>__________</td>
</tr>
<tr>
<td>Water/Sewer/Garbage:</td>
<td>__________</td>
<td>__________</td>
</tr>
<tr>
<td>Cell/Phone service:</td>
<td>__________</td>
<td>__________</td>
</tr>
<tr>
<td>Cable/TV:</td>
<td>__________</td>
<td>__________</td>
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<tr>
<td>Internet service:</td>
<td>__________</td>
<td>__________</td>
</tr>
<tr>
<td>Life, Car, Medical or Home Ins:</td>
<td>__________</td>
<td>__________</td>
</tr>
<tr>
<td>Car payments:</td>
<td>__________</td>
<td>__________</td>
</tr>
<tr>
<td>Gasoline/Vehicle repairs:</td>
<td>__________</td>
<td>__________</td>
</tr>
<tr>
<td>Credit card or other debt payments:</td>
<td>__________</td>
<td>__________</td>
</tr>
<tr>
<td>Personal: (clothing, health &amp; beauty, entertainment, etc.)</td>
<td>__________</td>
<td>__________</td>
</tr>
</tbody>
</table>

**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