



# Mount Aloysius College Independent Income Verification Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Please read this form carefully and complete all information that applies to you and your family, if applicable. 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 you listed on your Free Application for Federal Student Aid (FAFSA) is unusually low. When a student 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. \*

From January 2022 to December 2022 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 student (and spouse, if married).

### SECTION I: 2022 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 2022**. 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>		
	<i>I PAY</i>	<i>PAID BY OTHERS ON YOUR BEHALF</i>	
Housing-Mortgage/Rent:	_____	_____	● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● *Complete this section based on you and your family's average monthly expenses. If you live with someone who is paying these bills in the home in which you reside, you must list the portion this person pays on your behalf. <b>For example: You and your 2 children live with your parent 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 and your 2 children) is \$300.00 \$300.00 was paid on your behalf.</b>
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.)	_____	_____	
<b>TOTAL:</b>	\$ _____	\$ _____	<b>MONTHLY expenses</b>

**SECTION II: Student's Primary Residence: ADDRESS where you currently live: \_\_\_\_\_**

List the people in your household, including:

- yourself, and your spouse if married
- your children
- Anyone who lives in the household (ex. Parents, grandparents, siblings, boyfriend, girlfriend, roommate, etc.)

Write the names of all household members below.

Full Name	Relationship to student
	Self

**Total Household Bills:**

Housing-Mortgage/Rent: \$ \_\_\_\_\_ Month  
 Food: \$ \_\_\_\_\_ Month  
 Electric: \$ \_\_\_\_\_ Month  
 Heating/Cooling: \$ \_\_\_\_\_ Month  
 Water/Sewer/Garbage: \$ \_\_\_\_\_ Month  
 Cell/Phone service: \$ \_\_\_\_\_ Month  
 Cable/TV: \$ \_\_\_\_\_ Month  
 Internet service: \$ \_\_\_\_\_ Month

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

**Were any bills for your 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 household receive any of the following benefits in 2022?**

- WIC \$ \_\_\_\_\_ month       Snap \$ \_\_\_\_\_ month       Public Housing \$ \_\_\_\_\_ month
- Social Security \$ \_\_\_\_\_ 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. #: \_\_\_\_\_

**Please return the completed form to:**

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