

FINANCIAL SUPPORT VERIFICATION

Dependent student



Academic Year 2016-2017

DIRECTIONS

Additional information about your parents' financial situation is necessary in order to make a fair and accurate assessment of your eligibility for various financial aid programs. Please complete this form to verify how they met their basic 2015 living expenses. Financial support normally comes from two sources. One is taxable income, such as wages. The other is untaxed income, such as items provided without compensation. Annual cost can be an actual amount a family member paid from wages earned. It might also be something provided to the family at no or little cost. For example, free food or clothing provided by a relative or friend. In these cases, please estimate the annual cost the family would incur to pay for this item.

IMPORTANT: You must list the source of payment for each item. If an item was paid from family income, list the family member (e.g., mother, father, brother, sister, or student). If other sources were used, such as a government program or relative, list that source.

RETURN FORM:

BY MAIL TO:
Office of Student Finance
20 Fraser Hall
106 Pleasant St. SE
Minneapolis, MN 55455

IN PERSON ON CAMPUS AT:
One Stop Student Services
333 Robert H. Bruininks Hall
130 West Bank Skyway
130 Coffey Hall

Questions?
Phone: 612-624-1111
TTY (hearing impaired): 612-626-0701
Email: onestop@umn.edu

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.

SECTION A. Student information

Name (last, first, middle initial)	Birthdate (mm/dd/yyyy)	University Student ID Number
------------------------------------	------------------------	------------------------------

SECTION B. Family expenses

2015 ANNUAL LIVING EXPENSES AND PAYMENT SOURCES		
Item description	Source of payment	Estimated annual cost
Child or elder care		
Clothing		
Entertainment		
Food		
Insurance (medical, life, property, auto)		
Laundry, dry cleaning		
Rent or mortgage		
Telephone(s)		
Transportation (car, bus, related expenses)		
Utilities (heat and electricity)		
Other		
TOTAL estimated annual expenses:		

SECTION C. Certification

You and your parent must sign and date this certification section. By signing this form, I/we certify that all the information I/we have reported on this form to qualify for federal student aid is complete and correct.

Student signature (required)	Date signed
Parent signature (required)	Date signed



To request copies of this form in an alternative format, please call a Disability Resource Center liaison at 612-625-9578. The University of Minnesota is an equal opportunity employer and educator. This form is printed on paper made from no less than 20 percent post-consumer waste.



Please recycle.