

# FINANCIAL SUPPORT VERIFICATION

## Independent student



Academic Year 2017–2018

### DIRECTIONS

Additional information about your sources of family support 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 you met your 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 you or a family member paid from wages earned. It might also be something provided to you 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 you would have incurred to procure this item for yourself.

**IMPORTANT:** You must list the source of payment for each item. If you paid from your income, list yourself. If a family member was the source, list that person (e.g., spouse, child). If other sources were used, such as a government program or relative, list that source.

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

### RETURN FORM:

**BY MAIL TO:**  
Office of Student Finance  
200 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

SECTION A. Student information		
Name (last, first, middle initial)	Birth date (mm/dd/yyyy)	University ID
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		
<b>TOTAL estimated annual expenses:</b>		
SECTION C. Certification		
<p><b>You are required to sign and date this certification section. If married, your spouse's signature is optional.</b> 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.</p>		
Student signature (required)	Date signed	
Spouse signature	Date signed	



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