

ZERO/LOW INCOME VERIFICATION

The amount of income you or your parent(s) reported on the FAFSA appears unusually low in which to support yourself or a family. You or your parent(s) must complete this form and return to the Financial Aid Office.

Parent Average Monthly Expenses		Parent Resources (Check ALL that apply)	Amount	
	AMOUNT	<input type="checkbox"/> Government aid (Supplemental Nutrition Assistance Program (SNAP), Infants & Children (WIC), Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), Section 8, Military Benefits (including housing)) <input type="checkbox"/> Child support received <input type="checkbox"/> Unemployment <input type="checkbox"/> Worker's compensation <input type="checkbox"/> Income from employment <input type="checkbox"/> Other untaxed income <input type="checkbox"/> Money received, or paid on your behalf, not reported elsewhere	\$	
Rent/Utilities	\$		\$	
Food	\$		\$	
Child Care	\$		\$	
Miscellaneous	\$		\$	
TOTAL	\$		TOTAL \$	

Student Average Monthly Expenses		Student Resources (Check ALL that apply)	Amount	
	AMOUNT	<input type="checkbox"/> Government aid (Supplemental Nutrition Assistance Program (SNAP), Infants & Children (WIC), Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), Section 8, Military Benefits (including housing)) <input type="checkbox"/> Child support received <input type="checkbox"/> Unemployment <input type="checkbox"/> Worker's compensation <input type="checkbox"/> Income from employment <input type="checkbox"/> Other untaxed income <input type="checkbox"/> Money received, or paid on your behalf, not reported elsewhere	\$	
Rent/Utilities	\$		\$	
Food	\$		\$	
Child Care	\$		\$	
Miscellaneous	\$		\$	
TOTAL	\$		TOTAL \$	

I(we) certify that the information above is correct and complete to the best of my(our) knowledge.

Parent Signature

Date

Student Signature

Date

CU ID# _____