



Financial Aid Services
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2009-2010 LOW INCOME VERIFICATION WORKSHEET

The purpose of this form is to verify how you were able to support yourself during 2008. Additional information about your family's income, resources, and monthly expenses is needed to clarify information on your application for financial aid. While some types of income information are required on the FAFSA, many sources are excluded prior to determination of financial aid eligibility. Please indicate below the **MONTHLY** amount received or paid during 2008.

Name _____	SSN _____
Address _____	Student ID _____
City, State, ZIP _____	Date of Birth _____
Email _____	Phone _____

- 1.) Did you rent the housing unit in which you resided in 2008? **Yes / No**
- 2.) Did you own the housing unit in which you resided in 2008? **Yes / No**
- 3.) Did you live with a person in 2008 who provided housing for you? **Yes / No**
- 4.) With whom did you live in 2008? **SPECIFY:** friend, fiancé, aunt, grandparent, other _____
- 5.) Where will you live while attending school? **SPECIFY:** on own, friend, family, etc. _____

<u>Monthly Income / Resources</u>	<u>2008 Monthly Income</u>	
	<u>Student (& Spouse)</u>	<u>Parent(s)</u>
Earnings from work (include 2008 W2 forms)	\$ _____	\$ _____
Unemployment benefits	\$ _____	\$ _____
Welfare Benefits	\$ _____	\$ _____
TANF (Temporary Assistance to Needy Families)	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
Section 8 housing benefits	\$ _____	\$ _____
Social Security benefits	\$ _____	\$ _____
Life Insurance proceeds or death benefits or survivor benefits	\$ _____	\$ _____
Financial Aid, Scholarships, Grants in 2008 at a school other than UMB	\$ _____	\$ _____
Pension / retirement payouts	\$ _____	\$ _____
VA Benefits and/or Special Combat Pay	\$ _____	\$ _____
Housing allowance or payments made on your behalf	\$ _____	\$ _____
Rehabilitation / disability received	\$ _____	\$ _____
Workman's Compensation	\$ _____	\$ _____
Mass Rehabilitation benefits	\$ _____	\$ _____
Support from family or friends for room & board or other expenses	\$ _____	\$ _____
Other: SPECIFY: <i>food shelf, church, home equity loan, credit card, etc.</i>	\$ _____	\$ _____

CERTIFICATION

By signing this form, I certify all information reported on this form and within the enclosed documentation is complete and correct. I understand that providing false or misleading information may result in a \$10,000 fine, a prison sentence, or both, according to the Higher Education Act of 1965, as amended, Section 490(a). Any false or misleading information is subject to cancellation of all Federal financial assistance.

_____ Student Signature	_____ Date
_____ Parent Signature (required for dependent students)	_____ Date

WARNING: *If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.*