2020-2021 <u>Independent</u> Low Income Verification

SECTION A: STUDENT INFORMATION

Name:	UNTD Assigned ID:	SSN (last 4 digits only):

We have reviewed your Verification Statement and additional information is required to determine your eligibility. This form will be used to clarify how you (and, if married, your spouse) were able to support yourselves and/or your family on little or zero income during 2018 as originally reported on your FAFSA and other Verification documents.

COMPLETING THIS FORM

✓ <u>Section A</u>: Complete the requested student information.

✓ <u>Section B</u>: Provide a personal statement.

✓ <u>Section C</u>: Enter an average **MONTHLY** summary of expenses and income for yourself. You must indicate an expense(s) with an equal or greater than income amount received.

✓ <u>Section D</u>: IF MARRIED, enter an average **MONTHLY** summary of expenses and income for your spouse. Your spouse must indicate an expense(s) with an equal or greater than income amount received.

✓ <u>Section E</u>: Student (and if married spouse) are required to sign and date this form.

SUBMITTING THIS FORM

✓ We cannot process your financial aid until this Low Income Statement is completed and returned.

✓ We will update your FAFSA, if needed, based on the information provided on this form and any attached documentation.

✓ If you (and/or spouse if married) did not file a 2018 income tax return a **Letter of Non-filing** from the IRS is required. If you (and/or spouse if married) worked, but did not file **ALL W2s** or a **Wage Transcrip**t from the IRS is also required.

✓ All required documents must be submitted to our office *at least* two weeks before the end of the term.

SECTION B: PERSONAL STATEMENT

Provide a statement below explaining how you and your spouse were able to support yourselves and/or your family on little to zero income during 2018 as originally reported on your FAFSA and other Verification documents.

Return this completed form with any required documentation to:
Student Financial Aid & Scholarships|University of North Texas at Dallas|7350 University Hills Blvd, Dallas, TX 75241
or fax to (972) 338-1799 or save and attach as PDF and email to verification@untdallas.edu

SECTION C: STUDENT EXPENSES AND INCOME

Enter **AVERAGE MONTHLY** amounts received during the calendar year from January 1, 2018 to December 31, 2018.
If you do not have a particular expense or income listed below, please enter "0".

AVERAGE EXPENSES PER MONTH		AVERAGE INCOME PER MONTH	
Housing	$	Employment (please list)	$
Food	$		$
Car/Transportation	$		$
Telephone	$		$
Utilities (gas, electric, water)	$	Social Security	$
Insurance	$	AFDC/ADC/TANF	$
Clothing	$	Food Stamps	$
Gasoline	$	Veteran's Benefits	$
Personal	$	Gifts from Family	$
Other (Specify)	$	Cash Received/Bills paid on your behalf	$
	$	Other (Specify)	$
	$		$
	$		$
	$		$
	$		$
TOTAL (per Month)	$	**TOTAL (per Month)**	$

SECTION D: SPOUSE EXPENSES AND INCOME (IF MARRIED)

Enter **AVERAGE MONTHLY** amounts received during the calendar year from January 1, 2018 to December 31, 2018.
If you do not have a particular expense or income listed below, please enter "0".

AVERAGE EXPENSES PER MONTH		AVERAGE INCOME PER MONTH	
Housing	$	Employment (please list)	$
Food	$		$
Car/Transportation	$		$
Telephone	$		$
Utilities (gas, elec., water)	$	Social Security	$
Insurance	$	AFDC/ADC/TANF	$
Clothing	$	Food Stamps	$
Child Care	$	Veteran's Benefits	$
Gasoline	$	Child Support	$
Personal	$	Gifts from Family	$
Other (Specify)	$	Cash Received/Bills paid on your behalf	$
	$	Other (Specify)	$
	$		$
	$		$
	$		$
TOTAL (per Month)	$	**TOTAL (per Month)**	$

SECTION E: CERTIFICATION

I certify that all the information contained on this form is complete and correct and that there is no forgery of signature(s). I understand that I must sign and return this form for my financial aid to be processed. **Electronic signatures are not accepted.**

Student Signature   Date   Spouse Signature (*if married*)   Date

X_____   _____   X_____   _____