

Northern  
Marianas  
College  
Financial Aid Office

Low Income Verification Form

Student's Name: \_\_\_\_\_ Student's SSN: \_\_\_\_\_

The income reported by you and/or parents on your Financial Aid Application (FAFSA) does not appear to have been sufficient to have met the basic living expense for 2020 calendar year. Please provide detailed income and resource information below:

**List all expenses for 2020**

	STUDENT/SPOUSE Monthly Amount	PARENTS Monthly Amount
Housing	\$	\$
Food	\$	\$
Utilities	\$	\$
Transportation	\$	\$
Personal Exp. (Basic household needs, Clothing, School Allowance)	\$	\$

**List all income and resource for 2020**

	STUDENT/SPOUSE Monthly Amount	PARENTS Monthly Amount
Student's/Spouse Income Earned	\$	\$
Father's/Mother's Income Earned	\$	\$
Non-Cash (In-Kind) support provided by relatives/friends (Inc. rent, utilities, food..etc)	\$	\$
Child Support (Either court or In-Kind)	\$	\$
Social Security Benefit Statement (Self and/or children under the age of 18)	\$	\$
Public Assistance from Gov't Agency:	\$	\$
HUD/Section 8 (Rental) →	\$	\$
HUD/Section 8 (Utility Voucher) →	\$	\$
LIHEAP →	\$	\$
Food Stamps (NAP)/Funding for Food	\$	\$
Rent, Food, Utilities provided by: _____ (Name of Person/Agency)	\$	\$
WIC Benefits (Average amount per voucher)	\$	\$
Other Untaxed Income (Pls. Specify):	\$	\$

Use the area below to provide any additional information that would help clarify how you met your living expenses and/or how your parents' met their living expense:

\_\_\_\_\_

\_\_\_\_\_

Submit this completed form with supporting documentation to the Financial Aid Office at Northern Marianas College.

I certify that the above is a true and complete statement of my personal circumstances. I accept the responsibility to inform the Financial Aid Office of changes to the above financial data as they occur.

Student's Signature

Date

Parents' Signature

Date