

2017-2018 PARENT NO or LOW INCOME WORKSHEET

Last Name _____ First Name _____ PID _____

1. The income you reported on your students 2017-2018 FAFSA appears to be unusually low. The federal government requires that you verify how you were able to live on the low income that you reported. Please complete the chart below by reporting the amount paid on your behalf for 2015 for each expense. This should include yearly figures for cash received and expenses in your name that were paid by someone else. Please do not leave any items blank.	
Parent Living Expenses	Expenses (List the amount paid on your behalf from January 1 to December 31, 2015)
What is the dollar amount of the lease or mortgage payment on your behalf <u>per year</u> . DO NOT INCLUDE SUBSIDIZED HOUSING.	\$
Electric, gas, water bills on your behalf <u>per year</u> .	\$
Telephone bills (include cell phones) on your behalf <u>per year</u> .	\$
Insurance (car, medical, etc.) that is on your behalf <u>per year</u> .	\$
Car Payments or expenses on your behalf <u>per year</u> .	\$
Any credit card, loan or other bills <i>not listed elsewhere on this form</i> that were on your behalf and paid for you <u>per year</u> , including cash gifts and loans.	\$
Grocery money received <u>per year</u> . DO NOT INCLUDE FOOD STAMPS.	\$
Gasoline cost <u>per year</u> .	\$
Clothing expenses <u>per year</u> .	\$
Medical and/or dental care <u>per year</u> .	\$
Payment of college costs <u>per year</u> . DO NOT INCLUDE FINANCIAL AID	\$
Total-include this amount on the Independent Verification Worksheet under cash paid on your behalf .	\$

Continue on back

2. Explain how you financially supported yourself during 2015. Be sure to state how you were able to meet your living expenses listed above. Include, if you were supported by a relative, another person or organization. (If more space is needed, attach a separate page.)

Parent's Signature:

Date:

* * * O f f i c e U s e O n l y * * *

I have spoken with this parent. The parent has verified to me that he/she had low income as reported above for the time frame specified at the top.

- ☐ Above reported bills are in the parent's name and are paid on the parent's behalf.
- ☐ Parent received "in kind" support from relatives or friends.

Financial Aid Officer's Signature

Date

PLEASE RETURN ALL FORMS AND DOCUMENTATION BY MAIL, EMAIL OR FAX TO:

Colorado State University-Pueblo
Financial Aid Office
2200 Bonforte Blvd
Pueblo, CO 81001

Phone: (719) 549-2753
Fax: (719) 549-2088
Email Documents (PDF only) to:
verification@csupueblo.edu

WARNING:

If you purposely give false or misleading information you may be fined, sentenced to jail, or both.