



## 2016-2017 Independent/Dependent Low Income Verification Form

**Student's Name:** \_\_\_\_\_ **Student CWID/ SSN:** \_\_\_\_\_

The income you and/or your parent(s) listed on your 2016-2017 FAFSA appears unusually low. We need to verify how you and/or parent(s) were able to support yourself and/or family in 2015. Please complete the information below and return this form to the Financial Aid Office. This form must be completed and returned to the Financial Aid Office before we can continue processing your application.

### UNTAXED INCOME – calendar year 2015

Did you live outside the U.S. in 2015?  YES  NO

If yes, please convert their total foreign earned income in 2015 to U.S. dollars: \$ \_\_\_\_\_

Did you receive any of the following in 2015? If yes, please list the monthly amounts and number of months received.

Yes	No	Source	Monthly Amount	Number of Months Received in 2015
		Child Support	\$	
		Social Security	\$	
		TANF	\$	
		Severance Pay	\$	
		Other (please list):	\$	

**\* IF NONE OF THE ABOVE APPLY TO YOU, PLEASE COMPLETE THE FOLLOWING SECTIONS.**

### HOUSING- calendar year 2015

- I lived with a family member or friend rent-free. The rent/mortgage was not in my name.
- I received subsidized housing in 2015. (Section 8, HUD voucher, etc.)
- Other (please attach additional information)

### FOOD- calendar year 2015

- I lived rent-free with a family member or friend who provided my food.
- I received food stamps in 2015.
- Other (please attach additional information)

OTHER- calendar year 2015	Monthly Amount	Number of Months Received in 2015	Source (Person/Relationship) Supplying Money/Benefits
Car Payment	\$		
Car Insurance	\$		
Gas/Transportation	\$		
Medical/Dental	\$		
School Expenses (tuition, books, supplies, etc.)	\$		
Daycare Expenses	\$		
Clothing	\$		
Cell Phone	\$		
Cash/ In Kind Support **	\$		

**\*\* Given in goods, commodities and/or services rather than money.**

By signing this form, I/we certify that all of the information reported to qualify for Federal student aid is complete and correct. This verification documentation supersedes any previous forms completed. If married, spouse's signature is optional.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**City Park Campus**  
615 City Park Ave.  
New Orleans, LA 70119  
(504) 671-5040  
(504) 483-4289 Fax

**Slidell Learning Center**  
320 Howze Beach Road  
Slidell, LA 70461  
(504) 671-6614  
(985) 646-6465 Fax

**Westbank Campus**  
2600 General Meyer Ave.  
New Orleans, LA 70114  
(504) 762-3100  
(504) 361-6257 Fax

**Charity School of Nursing**  
450 S. Claiborne Ave.  
New Orleans, LA 70112  
(504) 571-1335/1336  
(504) 571-1412Fax

**Jefferson**  
5200 Blair Drive.  
Metairie, LA 70001  
(504) 671-6703

**Sydney Collier Campus**  
3727 Louisa Street  
New Orleans, LA 70126  
(504) 941-6100