

**Roger Williams University  
Office of Student Financial Aid**

**One Old Ferry Road ▪ Bristol, RI 02809 ▪ Phone: 401-254-3100 ▪ Fax: 401-254-3356**

**2021-2022 Minimal Income Verification Form**

Student Name: \_\_\_\_\_ RWU ID# \_\_\_\_\_

The income reported on your 2021-2022 Free Application for Federal Student Aid (FAFSA) is below the federal estimate of your annual cost of living. Please itemize the sources of income and expenses for you if you are an independent student or your parent(s) if you are a dependent student in 2019. Please return this completed and signed form to the Financial Aid Office in order for us to continue to process your financial aid package.

This form is being completed for:  yourself  your parent(s)  yourself and spouse

**Do not leave any line items blank. If zero, write 0.**

2019 Monthly Expenses		2019 Monthly Income	
1. Rent/Mortgage	\$	1. Wages	\$
2. Food	\$	2. Unemployment Benefits	\$
3. Utilities	\$	3. Social Security	\$
4. Medical/Dental	\$	4. Child Support	\$
5. Clothing	\$	5. Pension/Retirement Funds	\$
6. Auto(car payments, maintenance, insurance)	\$	6. TANF/Foodstamps/WIC/AFDC Benefits	\$
7. Other (list separately)		7. VA Benefits	\$
a.	\$	8. Other (list separately)	
b.	\$	a.	\$
c.	\$	b.	\$
<b>Total Expenses</b>	<b>\$</b>	<b>Total Income</b>	<b>\$</b>

If your total expenses exceed your total income, please explain how your expenses are paid:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the above information is true and complete to the best of my knowledge. If requested, I agree to provide additional documentation of the reported information. You (and one of your parents, if dependent) must sign below.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date