

**Roger Williams University
Financial Aid Office**

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

2018-2019 Minimal Income Verification Form

Student Name: _____ RWU ID# _____

The income reported on your 2018-2019 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 were an independent student or your parent(s) if you were a dependent student in 2016. 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.

| 2016 Monthly Expenses | | 2016 Annual 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. | \$ |
| Total Expenses | \$ | Total Income | \$ |

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