

Low Income Verification Form

Student's Name:		Student's SSN:	
The income reported by you and/or parents on yo			ıfficient to have met f
pasic living expense for 2022 calendar year. Please	provide detailed income and resource in	nformation below:	
	List all expenses for 2022		
	STUDENT/SPOUSE	PARENTS	
	Monthly Amount	Monthly Amount	
Housing	\$	\$	
Food	\$	\$	
Utilities	\$	\$	
Transportation	\$	\$	
Personal Exp.(Basic household needs, Clothing, School Allowance)	\$	\$	
	List all income and resou	rce for 2022	
	CELLIDED III (CDCCCC	I DA DESTER	
	STUDENT/SPOUSE	PARENTS Monthly Amount	
	Monthly Amount \$	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, foodetc)	\$	\$	
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 (Kental) 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 infor heir living expense:	mation that would help clarify how you	net your living expenses and/or how your p	varents' met
Submit this completed form with supporting docume	entation to the Financial Aid Office at North	hern Marianas College.	
certify that the above is a true and complete statement financial data as they occur.	of my personal circumstances. I accept the t	responsibility to inform the Financial Aid Office of	changes to the above