



Office Use Only

Office of Financial Aid
2017-2018 Dependent Low Income Form

Student Name: _____ SSN (last 4 digits): ____ _

According to the federal income guidelines, your parent(s) income information reported on the 2017-2018 FAFSA, appears to be insufficient and does not meet the basic living expenses to support your household. In order to verify how your parent(s) supported themselves and their family, please provide additional information in the steps below.

Parent Resources: Did you receive free housing, utilities, transportation, or other living expenses from a friend, relative, or someone with whom you have a relationship? ____Yes ____ No

Parent(s) Expenses: List all of your expenses for the 2015 calendar year. Items with an asterisk cannot be zeroes or blank. For all other items, if the expense does not apply to you, please insert a "0".

*Housing \$_____Monthly \$_____Yearly Did you pay for this expense? ____Yes ____ No
(r rent or mortgage) If not, who paid for this expense? _____
*Utilities \$_____Monthly \$_____Yearly Did you pay for this expense? ____Yes ____ No
(electricity, gas, water) If not, who paid for this expense? _____
*Transportation \$_____Monthly \$_____Yearly Did you pay for this expense? ____Yes ____ No
(car loan, insurance, gas, other) If not, who paid for this expense? _____
Miscellaneous \$_____Monthly \$_____Yearly Did you pay for this expense? ____Yes ____ No
(phone, cable, internet, clothing) If not, who paid for this expense? _____

Student Resources: Did you receive free housing, utilities, transportation, or other living expenses from a friend, relative, or someone with whom you have a relationship? ____Yes ____ No

Student Expenses: List all of your expenses for the 2015 calendar year. Items with an asterisk cannot be zeroes or blank. For all other items, if the expense does not apply to you, please insert a "0".

*Housing \$_____Monthly \$_____Yearly Did you pay for this expense? ____Yes ____ No
(r rent or mortgage) If not, who paid for this expense? _____
*Utilities \$_____Monthly \$_____Yearly Did you pay for this expense? ____Yes ____ No
(electricity, gas, water) If not, who paid for this expense? _____
*Transportation \$_____Monthly \$_____Yearly Did you pay for this expense? ____Yes ____ No
(car loan, insurance, gas, other) If not, who paid for this expense? _____
Miscellaneous \$_____Monthly \$_____Yearly Did you pay for this expense? ____Yes ____ No
(phone, cable, internet, clothing) If not, who paid for this expense? _____

Signature: I certify that all the information provided above, to the best of my knowledge, accurately describes my living situation.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____



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If there is any additional information that can help clarify this form, please attach a signed letter.

This form contains personally identifiable information.
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