



Office Use Only

**Office of Financial Aid**  
2016-2017 Dependent Low Income Form

Student Name: \_\_\_\_\_ SSN (last 4 digits): \_\_\_\_ \_

According to the federal income guidelines, your parent(s) income information reported on the 2016-2017 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".

<p>*Housing            \$ _____ Monthly    \$ _____ Yearly (rent or mortgage)</p> <p>*Utilities            \$ _____ Monthly    \$ _____ Yearly (electricity, gas, water)</p> <p>*Transportation    \$ _____ Monthly    \$ _____ Yearly (car loan, insurance, gas, other)</p> <p>Miscellaneous     \$ _____ Monthly    \$ _____ Yearly (phone, cable, internet, clothing)</p>	<p>Did you pay for this expense? _____ Yes _____ No If not, who paid for this expense? _____</p> <p>Did you pay for this expense? _____ Yes _____ No If not, who paid for this expense? _____</p> <p>Did you pay for this expense? _____ Yes _____ No If not, who paid for this expense? _____</p> <p>Did you pay for this expense? _____ Yes _____ No If not, who paid for this expense? _____</p>
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**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".

<p>*Housing            \$ _____ Monthly    \$ _____ Yearly (rent or mortgage)</p> <p>*Utilities            \$ _____ Monthly    \$ _____ Yearly (electricity, gas, water)</p> <p>*Transportation    \$ _____ Monthly    \$ _____ Yearly (car loan, insurance, gas, other)</p> <p>Miscellaneous     \$ _____ Monthly    \$ _____ Yearly (phone, cable, internet, clothing)</p>	<p>Did you pay for this expense? _____ Yes _____ No If not, who paid for this expense? _____</p> <p>Did you pay for this expense? _____ Yes _____ No If not, who paid for this expense? _____</p> <p>Did you pay for this expense? _____ Yes _____ No If not, who paid for this expense? _____</p> <p>Did you pay for this expense? _____ Yes _____ No If not, who paid for this expense? _____</p>
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**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: \_\_\_\_\_

**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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