

STUDENT INFORMATION

Last Name

First Name

Date of Birth

Student ID Number (begins with 1 or 3)

This information is being requested because the income reported on the FAFSA for your household appears unusually low. Federal regulations require UBalt to verify how you and/or your parent funded their living expenses for 2019.

2019 Expenses (monthly amount)	Student	Parent (dependent students only)
Rent/Mortgage	\$	\$
Utilities	\$	\$
Food	\$	\$
Insurance (car, medical, etc.)	\$	\$
Other personal expenses	\$	\$
Monthly Total:	\$	\$

2019 Income Sources (monthly amount)	Student	Parent (dependent students only)
Earnings/Wages	\$	\$
Unemployment/Worker's compensation	\$	\$
IRA/Pension distributions	\$	\$
Alimony received	\$	\$
Child support received	\$	\$
Social Security benefits (including retirement, disability, survivor and SSI)	\$	\$
Disability (other than social security)	\$	\$
Welfare benefits (SNAP, housing, etc.)	\$	\$
Veteran non-education benefits (including disability, death pension, DIC and VA work study)	\$	\$
Money received or paid on your behalf (e.g. bills, rent, food)	\$	\$
Other (explain source below)	\$	\$
Monthly Total:	\$	\$

Please explain in detail any other expenses and other income below. If monthly total income is less than monthly total expenses this section must be completed. Please attach separate explanation if additional room is needed.

SIGN THIS WORKSHEET

By signing this worksheet, I (we) certify that all the information reported on this worksheet to qualify for federal student aid is complete and correct. If you are dependent for financial aid purposes, at least one parent must sign. **Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

Student's signature

Date

Parent's signature (dependant students only)

Date