



**2017-2018
Dependent Supplemental Income
Verification Form**

Office of Financial Aid
9201 University City Blvd.
Charlotte, NC 28223-0001
Phone: 704-687-5504
Fax: 704-687-1425

Student Name: _____ **UNC Charlotte ID:** _____

The 2015 income you reported on your 2017-2018 Free Application for Federal Student Aid (FAFSA) appears insufficient to support the number of people in your household **AND/OR** you indicated on your FAFSA that you **will not file** and **are not required** to file a 2015 federal IRS income tax return.

Section A: Parent Income for 2015

- ✓ In the box below, please list any **parent income** received during 2015 (i.e. wages, untaxed income, financial aid, other benefits received).
- ✓ **Provide documentation for any income listed.** Documentation includes (not limited to): W-2/1099 forms, print outs from Social Security, Employment Security Commission, Child Support Enforcement, and/or a statement from the person who provided the income. Our office will be unable to review your file if we do not receive the information requested & the applicable documentation.
- ✓ Please enter "0" or "N/A" if not applicable. **DO NOT LEAVE ANY FIELDS BLANK.**

| Source of Income | Total Amount Received in 2015 | Documentation Attached |
|------------------|-------------------------------|--|
| | \$ _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | \$ _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | \$ _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | \$ _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | \$ _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Section B: Parent Expenses for 2015

- ✓ Complete the box below listing **parents' expenses for 2015 only.**
- ✓ In the "Who Paid Expense" column, **check the appropriate person** who paid the bill for parent.
- ✓ Please enter "0" or "N/A" if not applicable. **DO NOT LEAVE ANY FIELDS BLANK.**

| Parents' Monthly Expense | Monthly Amount | Name on Billing Statement | Who Paid Expense? |
|--|----------------|---------------------------|--|
| Housing Status: ___ Rent ___ Own \$ _____ <input type="checkbox"/> I lived with parent\relative\other and paid no housing expenses. | | | <input type="checkbox"/> Student <input type="checkbox"/> Self (Student's Parent) <input type="checkbox"/> Parent (Student's Grandparent) <input type="checkbox"/> Relative/Other |
| Utilities: Gas, Phone, Power, Water | \$ _____ | | <input type="checkbox"/> Student <input type="checkbox"/> Self (Student's Parent) <input type="checkbox"/> Parent (Student's Grandparent) <input type="checkbox"/> Relative/Other |
| Car Payment and/or Insurance | \$ _____ | | <input type="checkbox"/> Student <input type="checkbox"/> Self (Student's Parent) <input type="checkbox"/> Parent (Student's Grandparent) <input type="checkbox"/> Relative/Other |



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| Parents' Monthly Expense | Monthly Amount | Name on Billing Statement | Who Paid Expense? |
|----------------------------|----------------|---------------------------|--|
| Food | \$ _____ | | <input type="checkbox"/> Student <input type="checkbox"/> Self (Student's Parent) <input type="checkbox"/> Parent (Student's Grandparent) <input type="checkbox"/> Relative/Other |
| Cell phone Bill | \$ _____ | | <input type="checkbox"/> Student <input type="checkbox"/> Self (Student's Parent) <input type="checkbox"/> Parent (Student's Grandparent) <input type="checkbox"/> Relative/Other |
| Internet and/or cable Bill | \$ _____ | | <input type="checkbox"/> Student <input type="checkbox"/> Self (Student's Parent) <input type="checkbox"/> Parent (Student's Grandparent) <input type="checkbox"/> Relative/Other |
| Credit Cards | \$ _____ | | <input type="checkbox"/> Student <input type="checkbox"/> Self (Student's Parent) <input type="checkbox"/> Parent (Student's Grandparent) <input type="checkbox"/> Relative/Other |
| Child Care | \$ _____ | | <input type="checkbox"/> Student <input type="checkbox"/> Self (Student's Parent) <input type="checkbox"/> Parent (Student's Grandparent) <input type="checkbox"/> Relative/Other |
| Medical/Dental Insurance | \$ _____ | | <input type="checkbox"/> Student <input type="checkbox"/> Self (Student's Parent) <input type="checkbox"/> Parent (Student's Grandparent) <input type="checkbox"/> Relative/Other |
| Other (please specify): | \$ _____ | | <input type="checkbox"/> Student <input type="checkbox"/> Self (Student's Parent) <input type="checkbox"/> Parent (Student's Grandparent) <input type="checkbox"/> Relative/Other |
| Monthly Total: | \$ _____ | | |

I certify that the information provided is accurate and complete to the best of my knowledge.

Warning: According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to \$20,000 or imprisonment for up to 5 years, or both.

Parent Name: _____ Parent Signature: _____ Date: _____