



**2016-2017  
Dependent Supplemental Income  
Verification Form**

Office of FINANCIAL AID  
9201 University City Boulevard  
Charlotte, NC 28223-0001  
Phone: (704) 687-5504  
Fax: (704) 687-1425

Student Name: \_\_\_\_\_ UNC Charlotte ID \_\_\_\_\_

Parent Name: \_\_\_\_\_

The 2015 income you reported on your 2016-2017 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 income tax return with the IRS.

**Section A: Income for 2015:** Please list any income you and/or your family received in 2015.

1. Are refunds from financial aid your only source of income?  **Yes.** Proceed to Section B.  **No.** Complete the table in #2 and section B.
2. Enter Estimated Monthly Income: **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 notarized statement from the person who provided the income. **Please enter "0" if not applicable**

January 2015	\$ _____	May 2015	\$ _____	September 2015	\$ _____
February 2015	\$ _____	June 2015	\$ _____	October 2015	\$ _____
March 2015	\$ _____	July 2015	\$ _____	November 2015	\$ _____
April 2015	\$ _____	August 2015	\$ _____	December 2015	\$ _____
<b>Yearly Total</b>					\$ _____

**Section B: Expenses for 2015**

Enter the amount you spent per month in 2015 (attach a separate sheet if additional space is needed). **Please Note: We will be unable to review your file if we do not receive the information requested & the applicable documentation.**

Monthly Expense	Amount Per Month on Average	How was Expenses Paid?
<b>Housing Status:</b> <input type="checkbox"/> Rent <input type="checkbox"/> Own \$ _____  <input type="checkbox"/> Live with Parent\Relative\other and pay no housing expenses.		<input type="checkbox"/> Parent, <input type="checkbox"/> Friends, <input type="checkbox"/> Relatives, <input type="checkbox"/> Other: _____
<b>Utilities: Gas, Phone, Power, Water</b>	\$ _____	<input type="checkbox"/> Parent, <input type="checkbox"/> Friends, <input type="checkbox"/> Relatives, <input type="checkbox"/> Other: _____
<b>Major Payments by Month:</b> Cell phone Bill: \$ _____ Internet and\or cable Bill: \$ _____ Car Insurance and\or payment: \$ _____ Credit Cards: \$ _____ Other: \$ _____ <b>TOTAL:</b> \$ _____		<input type="checkbox"/> Parent, <input type="checkbox"/> Friends, <input type="checkbox"/> Relatives, <input type="checkbox"/> Other: _____
<b>Food</b>	\$ _____	<input type="checkbox"/> Parent, <input type="checkbox"/> Friends, <input type="checkbox"/> Relatives, <input type="checkbox"/> Other: _____
<b>Child Care</b>	\$ _____	<input type="checkbox"/> Parent, <input type="checkbox"/> Friends, <input type="checkbox"/> Relatives, <input type="checkbox"/> Other: _____

Other (please specify):	\$ _____	___ Parent, ___ Friends, ___ Relatives, ___ Other: _____
Monthly Total:	\$ _____	___ Parent, ___ Friends, ___ Relatives, ___ Other: _____

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_