Mount Saint Mary College
NEWBURGH, NEW YORK | LEADING • CARING • INNOVATING

Verification Non-Filer/Low Income 2019-2020

Student's Name: _____ **SSN or Student Mount ID#**_____

You or your parent(s) have reported an unusually low income for your family and/or yourself in 2017. Please explain how your family was supported, on the income you received, by completing this form. The parent information must be completed if you were required to submit parent information on the FAFSA. If you are married, you need to submit information about you and your spouse. We cannot continue to process your application for financial aid until we receive this completed form. **DO NOT LEAVE BLANKS**.

Section 1: Monthly Resources

Monthly Income or Resource	**Monthly Income (Student/spouse)**	**Monthly Income (Parent)**
Earnings from work *(W-2; 1099's)	$ _____	$ _____
Benefits *(Unemployment, social security, etc.)	$ _____	$ _____
Additional Support (from family or friends for room and board and other expenses)	$ _____	$ _____
Total Monthly Resources	$ _____	$ _____

**Send copies of W-2's, 1099's, Unemployment, etc.*

Section II: Monthly Costs

(If you or your parent(s) live with someone else, indicate the portion of rent or mortgage that supports you and/or your parent(s))

Monthly Expenses	**Monthly Amount**	**How was this paid for and by whom?**
Mortgage/Rent	$ _____	_____
Food	$ _____	_____
Utilities (cell phone, gas, water, electric, etc)	$ _____	_____
Travel (car, gas, insurance, bus/train pass, etc.)	$ _____	_____
Miscellaneous _____	$ _____	_____
Total Monthly Expenses	$ _____	

If your monthly expenses are "0", or your monthly income/resources are less than your monthly expenses, please check appropriate box below. Please use the back of this form to explain any unique situations.

❑ If your **Total Monthly Resources** are less than your **Total Monthly Expenses**, please indicate how the expenses were paid. (Use reverse side of page)
❑ If your Monthly Expenses = "0", please attach a signed letter explaining how you lived with no expenses.
❑ If a majority of the expenses are in someone else's name, please attach a letter explaining your situation.

Student's Signature _____ Date: _____

Parent's Signature: _____ Date: _____
(Required for all Dependent Students)

Mail or fax this form to: Mount Saint Mary College, Student Financial Services, 330 Powell Ave, Newburgh, NY 12550 or FAX to 845-569-3302.