

MARYLHURST UNIVERSITY
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2009-2010 MARYLHURST UNIVERSITY PARENT LOW INCOME INQUIRY FORM

This information is being requested because the income your parent(s) reported on your FAFSA appears unusually low.

Student Name: _____

Student ID#: _____ **Social Security Number:** _____

INSTRUCTIONS:

- Please complete the questions listed below regarding your parent(s) total 2008 income from January 1, 2008, to December 31, 2008.
- List the monthly amount and the number of months received during the year for each item.
- Questions left blank will cause this form to be returned to you for completion.

TYPE OF INCOME OR BENEFIT	AMOUNT PER MONTH	NUMBER OF MONTHS
Wages, Salaries, Tips (Do not include Federal Work-Study.)		
Unemployment Compensation		
Alimony		
Child Support		
Welfare Benefits (including ADC/AFDC/TANF)		
Workers Compensation		
Disability Payments; Vocational Rehabilitation		
Social Security Benefits		
Veteran's Benefits		
Food Stamps		
Subsidized Housing (value of subsidy)		
Housing, food, and other living allowance paid to members of the military, clergy, and others (including cash payments and cash value of benefits)		
Money received or paid on your behalf (i.e. bills, rent, food)		
Pension		
Other (identify)		
TOTAL INCOME OR BENEFITS		

Please have your parent(s) explain IN DETAIL how living expenses (rent, utilities, food, transportation, medical, personal, etc.) were met for you/your family.

STUDENT SIGNATURE: _____ **DATE:** _____

PARENT SIGNATURE: _____ **PRINT NAME:** _____ **DATE:** _____