

Student ID: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Student ID: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**Information is to be provided by (check one):**

\_\_\_\_\_ **Independent Student (and spouse, if married)** \_\_\_\_\_ **Parent(s) of Dependent Student**

Independent Students must fill out information based on their household.

Dependent Students must fill out information based on their parent's household.

Your information as provided on the FAFSA reflects a particularly low income therefore; we must ask you to verify how your family met living expenses in 2019. We are required to determine how you were able to meet normal living expenses and the source of taxable or untaxed income to meet those costs. To complete the verification process, you **MUST** complete this form.

**Please select one of the following options under the "who paid" section: parent(s), student/spouse, bill in parent(s) name but someone else gives money to pay, student/spouse, bill in student/spouse name but someone else gives money to pay, given free services (please specify below who provided the services).**

**BUDGET COST:**

<u>ITEM</u>	<u>Amount Per Month</u>	<u>Who Paid</u>
Housing/Shelter/Rent	_____	_____
Food	_____	_____
Utilities	_____	_____
Transportation (car, insurance, gas)	_____	_____
Clothing	_____	_____
Personal	_____	_____
Medical Bills	_____	_____

**Total of above Items** \_\_\_\_\_

Did you or your parent receive Financial Aid refund(s) in 2019 to finance your expense?

Yes  No

If "Yes", please indicate the amount \$ \_\_\_\_\_

Please use the space provided below to include any additional information

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Did anyone in your household receive any of the following federal benefits in 2019 or 2020?

- Free or Reduced Lunch
- SSI or SSDI – Supplemental Security Income or Supplemental Security Disability Income
- TANF – Temporary Assistance for Needy Families or Housing Assistance
- WIC – Special Supplemental Nutrition Program for Women, Infants, and Children
- SNAP –2019 or 2020 Supplemental Nutrition Assistance Program
- Medicaid

**Section IV. CERTIFICATION:**

I understand that if I purposely give false or misleading information, I may be fined, sent to prison, or both.

I certify that all information provided on this form is complete and accurate. I understand that the Office of Financial Aid may request additional documentation to verify the above information.

**Note: If you are married, both you and your spouse must sign this form. If you are a dependent, then both you the dependent student and parent must sign.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Return this completed form to:**

**Office of Financial Aid - Dallas Baptist University - 3000 Mountain Creek Pkwy - Dallas, TX 75211  
Please scan, attach, and email to [finaid@dbu.edu](mailto:finaid@dbu.edu) or fax (214)-333-5586.**