



2019-2020 Income Verification

Name _____

Rice Student ID _____

The income reported on your financial aid application is not sufficient based on the standard cost of living and/or your reported family asset obligations. Submit the completed form directly to our office in order to complete your financial aid application. If you or the student are receiving benefits, provide supporting documentation.

Part 1: List the TOTAL ANNUAL source of money received. Use \$0 or N/A if it does not apply.

2017 Income January 1 to December 31, 2017

- Parent 1's gross Earned Income \$ (Provide last pay stub statement/ 2017 W-2)
Parent 2's gross Earned Income \$ (Provide last pay stub statement/ 2017 W-2)
Unemployment Compensation \$ (Provide copy of unemployment statement)
Severance Compensation \$ (Provide copy of severance agreement)
Interest and Dividend Income \$
Taxable IRA/Pension/Annuity \$
Business and/ or Real Estate \$
SSI/Social Security Benefits \$
Untaxed Social Security Benefits \$
Child Support Received \$
Alimony \$
Untaxed Disability Income \$
Parent/Relatives/Friend \$
Housing and Living Allowances \$ (Paid by clergy, military, combat pay)
Veterans Non Education Benefits \$
Untaxed Pension (exclude rollovers) \$
Death \$
Pension \$
Food Stamps (SNAP) \$
Welfare/TANF \$
Other \$

Date parent's employment ceased _____

Student received any benefits? Yes No

Benefits \$ (Provide any supporting document(s))

Continue to Part 2



Part 2: Indicate the MONTHLY cost for each item listed and check the sources used to pay each expense. If someone pays the monthly expense on your behalf, include who pays your monthly cost, and what amounts are paid.

Expenses	Monthly Costs for 2017	Which sources were used to pay these monthly expenses and provide documentation.			
		Relatives	Public Assistance	Income from Work	Other: Specify by listing the source(s)
Housing/Rent	\$				
Utilities	\$				
Food	\$				
Insurance	\$				

Include any comments that might explain your support for 2017, such as not having to pay rent or a mortgage or someone else providing room and board at no cost to you and/or parent during the year of 2017.

Certification:

I/We certify that all information reported on this form is complete and accurate. I/We will report any changes to the above information in writing to the Office of Financial Aid in subsequent years.

Student Signature _____

Date _____

Parent Signature _____

Date _____