



2020-2021 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.

2018 Income (January 1 to December 31, 2018)

Parent 1's Gross Wages	\$ _____	(Provide last pay stub statement/ 2018 W-2)
Parent 2's Gross Wages	\$ _____	(Provide last pay stub statement/ 2018 W-2)
Unemployment Compensation	\$ _____	(Provide copy of unemployment statement)
Severance Compensation	\$ _____	(Provide copy of severance agreement)
Interest and Dividend Income	\$ _____	
Total IRA/Pension/Annuity (Exclude Rollover Amounts)	\$ _____	
Taxable IRA/Pension/Annuity (Exclude Rollover Amounts)	\$ _____	
Business and/ or Real Estate	\$ _____	
Total SSI/Social Security Benefits	\$ _____	
Taxable Social Security Benefits	\$ _____	
Child Support Received	\$ _____	
Alimony Received	\$ _____	
Untaxed Disability Income	\$ _____	
Housing and Living Allowances (Paid by clergy, military, combat pay)	\$ _____	
Veterans Non Education Benefits	\$ _____	
Death Life Insurance	\$ _____	
Food Stamps (SNAP)	\$ _____	
Welfare/TANF	\$ _____	
Assistance from Others (Ex. Grandparents, Relatives or Friends)	\$ _____	
Other _____	\$ _____	

Date parent's employment ended _____
(If Unemployed)

Student received any benefits? ☐ Yes ☐ No

Benefits _____ \$ _____ (Provide supporting documentation)

Continue to Part 2



Office of Financial Aid

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 2018	Which sources were used to pay these monthly expenses and provide documentation.			
		Relatives/ Friend or Other	Public Assistance	Income	Other: Specify by listing the source(s)
Housing/Rent	\$				
Utilities	\$				
Food	\$				
Insurance	\$				

Include any comments that might explain your support for 2018, 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.

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 _____

Return to: Office of Financial Aid-MS 12 • P.O. Box 1892 • Houston, Texas 77251-1892
• 713-348-4958 • email: fina@rice.edu • <http://financialaid.rice.edu>