



UMES ID: \_\_\_\_\_

**2019-2020**

**CERTIFICATION OF LOW INCOME/NON-FILER SUPPORT**

Student Name: \_\_\_\_\_

Relationship to the Student: Self \_\_\_\_\_ (name)  
 (select only one) Spouse \_\_\_\_\_ (name)  
 Father/Stepfather/Adoptive Father \_\_\_\_\_ (name)  
 Mother/Stepmother/Adoptive Mother \_\_\_\_\_ (name)

Return Completed Form and Supporting Documents to:  
**Office of Student Financial Aid**  
 Student Development Center, Suite 1100  
 Princess Anne, Maryland 21853  
 Office (410) 651-6172 Fax (410) 651-7670

The Office of Student Financial Aid has completed the initial review of the 2019-2020 FAFSA application. Additional information is needed to verify 2017 income and support. Return this form and all documents to our office.

**This form is not considered complete unless accompanied by all supporting documents required.**

Please complete the information below using 2017 information. List your **average** monthly household expenses and how those expenses were paid in the appropriate areas. **Attach a legible copy of all 2017 W-2's.**

- DO NOT list any zeroes on this form or leave any blanks unless proper explanation is provided.
- If an agency provided support/goods in 2017, list the agency name in the column for "Source of Income". *You must attach documentation from that supporting agency.*
- If an individual(s) provided support/goods in 2017, list the individual(s) in the column for "Source of Income". *You must attach a **notarized** letter written and signed by the individual attesting they provided the listed support.*

TYPE OF HOUSEHOLD EXPENSE	COST PER MONTH	SOURCE OF INCOME/SUPPORT
Housing:	\$	
Household Utilities: electricity, phone (landline and cell), gas, water, oil:	\$	
Food for the family:	\$	
Clothing for the family:	\$	
Family transportation:	\$	
Medical Insurance:	\$	
Miscellaneous: (list)	\$	
<b>TOTAL:</b>	\$	

*By signing this form, I certify that I (we) have provided true and accurate information for tax year 2017.*

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**

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

Parent/Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: You are not eligible to complete this form if you have filed for an extension on your 2017 Federal 1040 form.**