Your file was selected for verification by the Department of Education. On the verification worksheet you submitted to our office you stated that you/your parents received little or no income or benefits in 2016. We need more clarification.

Please provide below:

1. An estimate of you/your parents’ 2016 cost of living expenses, such as:
   - Housing/utilities
   - Food
   - Clothing
   - Other

   $_______________/year

2. A statement indicating how these necessities were met.

   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________

Student Signature ___________________________    Date __________________________

If dependent:

Parent Name ________________________________

Parent Signature ___________________________    Date __________________________