



2014-2015
Independent Zero/Low Income Authentication Form
For Federal Student Aid Programs

The income verified on your Free Application for Federal Student Aid (FAFSA) appears to be low relative to the minimum living standard for your household size. Please complete this form and submit it to the Financial Aid Office so that we may verify how your 2013 living expenses were met. Once we receive this completed form, we will continue to process your financial aid award.

<i>Last Name</i>	<i>First Name</i>	<i>MI</i>	<i>ODU Student ID Number</i>
<i>Address (include Apt. #)</i>			<i>Date of Birth</i>
<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Phone Number (including area code)</i>

1. Complete the following section for you, your spouse, and any dependents in your household. Be sure to give an answer for EACH space. Do not leave any space blank. Enter 0 if an item does not apply to you.

2013 Expenses	Student/Spouse	2013 Income	Student/Spouse
Housing/Rent/Mortgage	\$ _____ /month <i>*If 0, explain in section 2.</i>	Income from Work (As reported on the FAFSA)	\$ _____ /month
Food/ Household items	\$ _____ /month <i>*If 0, explain in section 2.</i>	Social Security Benefits	\$ _____ /month
Utilities (electric, gas, water, etc.)	\$ _____ /month <i>*If 0, explain in section 2.</i>	Child Support	\$ _____ /month
Cell Phone	\$ _____ /month <i>*If 0, explain in section 2.</i>	Alimony or Separation Maintenance	\$ _____ /month
Car Loan	\$ _____ /month <i>*If 0, explain in section 2.</i>	Veteran Benefits	\$ _____ /month
Car Insurance	\$ _____ /month <i>*If 0, explain in section 2.</i>	Unemployment Compensation	\$ _____ /month
Gas/Auto Maintenance	\$ _____ /month <i>*If 0, explain in section 2.</i>	Disability Benefits	\$ _____ /month
Public Transportation	\$ _____ /month <i>*If 0, explain in section 2.</i>	Welfare Benefits	\$ _____ /month
Vision/Dental	\$ _____ /month <i>*If 0, explain in section 2.</i>	Food Stamps	\$ _____ /month
Health Insurance	\$ _____ /month <i>*If 0, explain in section 2.</i>	Pensions or Retirement Benefits	\$ _____ /month
Childcare	\$ _____ /month <i>*If 0, explain in section 2.</i>	Worker's Compensation	\$ _____ /month
Clothing	\$ _____ /month <i>*If 0, explain in section 2.</i>	Housing/Food/Other expenses from military, church, family, etc.	\$ _____ /month
Recreation/Entertainment	\$ _____ /month <i>*If 0, explain in section 2.</i>	Money paid on your behalf toward living costs or education	\$ _____ /month
Other (specify):	\$ _____ /month	Refunds (Tax return, student loan, etc.)	\$ _____ /month
2013 TOTAL EXPENSES	\$ _____ /month	Other (specify):	\$ _____ /month
		2013 TOTAL INCOME	\$ _____ /month

****TOTAL EXPENSES must be equal to or less than TOTAL INCOME.**

