



2014-2015
Dependent 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 parent(s), 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.

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

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

