

(select only one)

UMES ID#	

2023-2024

CERTIFICATION OF LOW INCOME/NON-FILER SUPPORT

Father/Stepfather/Adoptive Father (name)

Student's Name:

Relationship to the Student: Self ____ Spouse (name) _____

Mother/Stepmother/Adoptive Mother (name)			
Return Completed Form and Supporting Documents to: financialaid@umes.edu			
The Office of Student Financial Aid has completed the initial review of the 2023-2024 FAFSA. Additional			
information is needed to verify 2021 income and support.			
This form is not considered complete unless accompanied by all supporting documents required.			
Please complete the information below using 2021 information. List your average monthly household expenses and how those expenses were paid in the appropriate areas. Attach a legible copy of all 2021 W-2's. • DO NOT list any zeros on this form or leave any blanks unless proper explanation is provided. • If an agency provided support/goods in 2021, 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 2021, 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)	\$		
TOTAL:	\$		
By signing this form, I certify that I (we) have provided true and accurate information for tax year 2021. 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 2021 Federal 1040 form.