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2021-2022 Low Income Verification

Date:

Name:

Student Id:

Campus:

The income you reported on your FAFSA application appears to be exceptionally low. We cannot continue to process your financial aid without verifying this information. Please complete the worksheet to demonstrate how you were able to support yourself and/or your family for 2019. Also, please attach any supporting documentation that you feel may provide clarification of your situation.

Please provide all annual amounts from January 1, 2019 through December 31, 2019.

	Student	Spouse/Parent
Earnings from all jobs	\$	\$
Unemployment Compensation	\$	\$
Withdrawals from savings, retirement	\$	\$
Sale of property, stocks, bonds, etc.	\$	\$
Child Support	\$	\$
Welfare (TANF)	\$	\$
Food Stamps (SNAP)	\$	\$
Alimony Received	\$	\$
Subsidized Housing	\$	\$
Worker's Comp or Disability	\$	\$
Cash received from family/friends (Please provide a detailed description on 2 nd Page.)	\$	\$
Social Security Benefits	\$	\$

Please provide an explanation on how you (and your spouse/parents if applicable) were able to meet your housing, food, clothing, transportation, bills and other expenses in the appropriate boxes below.

Please provide all **Cash Support** received in the box below. This includes money paid by someone else on your behalf for costs you were obligated to pay. (Example: Car Payment, Rent, Insurance, Gas, Cell Phone Bill, Other Bills, etc.)

Please provide any **In-Kind Support** received in the box below. This consists of support which is other than money. (Example: Friends or family providing food or a place to live rent-free.)

I certify, under penalty of perjury, that the information provided is true and accurate to the best of my knowledge. I understand the Financial Aid Office may request additional documentation to verify the above information. Note: If you are married, both **you and your spouse** must sign the form.

Signed: _____ Date: _____
Student

Signed: _____ Date: _____
Parent/Spouse