

INDIANA UNIVERSITY NORTHWEST

fill-in form - click in area to be completed, print, and sign

Follow-Up Income/Resource Form

Please return the completed form to:
Office of Financial Aid and Scholarships
3400 Broadway
Hawthorn Hall Room 111
Gary, IN 46408-1197
Phone: (877) 280-4593
Fax: 219-981-5622

Student's Name _____ University ID Number: _____
Please Print

Telephone Number: _____ Email Address: _____

Please complete this form indicating the approximate dollar amount spent for the calendar year 20__ tax year. Also, you are asked to provide any and all supporting documents.

Using the Monthly Budget below, please indicate how you supported yourself last year.

Please mark the one that applies: Student information _____ Parent Information _____

Monthly Budget:

Rent/Mortgage payment:	\$ _____
Utilities (electricity, gas, water):	\$ _____
Phone (home and cell):	\$ _____
Food:	\$ _____
Clothing:	\$ _____
Car Payments:	\$ _____
Credit Card Payments:	\$ _____

If you are reporting all zero's you must explain how you supported yourself below.

By signing this form, I understand that if I knowingly make false statements or misrepresentations, financial aid will be adjusted and repayment may result.

Student's Signature

Date

Parents signature (if student is dependent)

Date