

Student's Name: _____ Date: _____

Student's SSN OR Point Park University Student ID Number: _____

INTENDED PURPOSE

The purpose of this form is to assist the Office of Financial Aid in verifying how the basic needs of your household were met during 2010 if you reported an annual income under \$10,000 per year and/or reported that you will not file taxes on the Free Application for Federal Student Aid (FAFSA). The income threshold described above is only applicable for independent students or the parent(s) of dependent students.

This form is to be submitted to:

Point Park University
Office of Financial Aid
201 Wood Street
Pittsburgh, PA 15222
Fax: (412)-392-4795

Questions?
Contact the Office of Financial Aid
Phone: (412) 392-3930
Email: financialaid@pointpark.edu.

INCOME EXPLANATION

Please indicate whether this form is being used to explain the income of the student or the parent(s).

Student Parent(s)

Please check all of the boxes that apply to your situation and provide a monthly amount for each applicable category.

<input type="checkbox"/> Social Security Income	Monthly Amount: \$ _____
<input type="checkbox"/> Social Security Disability Income	Monthly Amount: \$ _____
<input type="checkbox"/> Public Assistance/Welfare	Monthly Amount: \$ _____
<input type="checkbox"/> Child Support	Monthly Amount: \$ _____
<input type="checkbox"/> Supported By Family/Friends	Monthly Amount: \$ _____
<input type="checkbox"/> Other	Monthly Amount: \$ _____

Please use this space to explain your circumstances if none of the categories above are applicable or if you have selected "Other."

Signature: _____ Date: _____