Office of Financial Aid - VERIFICATION 257 Martindale Center Post Office Box 1848 University, Mississippi 38677



Telephone: (800) 891-4596 Fax: (662) 915-1164 E-mail: faverify@olemiss.edu

STUDENT NAME:		STUDENT ID:	
]	Parent Statement of Finan	cial Support (201	3-14)
tax return, we are requesting parent complete the form bel	ent income was reported on your 20 additional information about your fow and submit a signed copy (with 1 ID number at the top of the form in	amily's financial suppo parent signature) to the	ort for 2012. Please have your
1. PARENT HOUSEHOLD	INFORMATION (check one):		
I (the parent) currently	y rent my homeI	(the parent) currently of	own my home.
I (the parent) currently	live with another person. Specify for	riend, family member, e	etc:
2. PARENT HOUSEHOLD household and personal expe	& PERSONAL EXPENSES – com	plete the table below in	dicating all monthly parent
ТҮРЕ	MONTHLY AMOUNT	TYPE	MONTHLY AMOUNT
Rent (if renting home)		Home Phone	
Mortgage (if own home)		Cable/Internet	
Food		Car payment	
Natural Gas		Cell Phone	
Electric		Clothing	
Water/Sewer Garbage		Medical/Dental Other	
3. PARENT SOURCES/AMOUNTS OF FINANCIAL ASSISTANCE – complete the table below indicating the parent(s)' source(s) and monthly amount(s) of financial assistance:  THE ABOVE EXPENSES ARE PAID FOR BY (specify family member, friend, church, other agency, government assistance like social security, disability, etc.):  MONTHLY AMOUNT PROVIDED			
	— please include below, any other interspect if additional space is needed		he family was financially
By signing this worksheet, I cer	tify that all information reported is com	plete and accurate.	
Parent Signature			Date