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

## The University of Mississippi

Telephone: (800) 891-4596 Fax: (662) 915-1164

STUDENT NAME:		STUDENT ID:	
Parent Statement of Financial Support (2020-21)			
tax return, we are requesting parent complete the form below	ent income was reported on your 20 additional information about your factor and submit a signed copy (with a signed copy the form in 1D number at the top of the form in	amily's financial suppo parent signature) to the	ort for 2018. Please have your
1. PARENT HOUSEHOLD INFORMATION (check one):			
I (the parent) currently rent my home I (the parent) currently own my home.			
I (the parent) currently live with another person. Specify friend, family member, etc:			
2. PARENT HOUSEHOLD & PERSONAL EXPENSES – complete the table below indicating all monthly parent household and personal expenses:			
TYPE	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		Medical/Dental	
Garbage		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.):  PROVIDED			
4. OTHER INFORMATION – please include below, any other information about how the family was financially supported in 2018 (please use another sheet if additional space is needed):			
By signing this worksheet, I certify that all information reported is complete and accurate.			
Parent Signature			Date