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:	
Stud	lent/Spouse Statement of F	inancial Support	(2020-21)
spouse) did not file a 2018 to Please complete the form be	ase, if married) reported minimal or a ax return, we are requesting addition allow and submit a signed copy to the of the form in the blanks provided.	al information about yo	our financial support for 2018.
1. HOUSEHOLD INFORM	IATION (check one):		
I/we currently rent m	y/our home. I/we cur	rently own my/our hom	e.
·	th another person. Specify friend, far		
married) monthly household			
TYPE	MONTHLY AMOUNT	TYPE	MONTHLY AMOUNT
Rent (if renting home)		Home Phone	
Mortgage (if own home)	<u> </u>	Cable/Internet	
Food Natural Gas		Car payment Cell Phone	
Electric		Clothing	
Water/Sewer		Medical/Dental	
Garbage		Other	
monthly amount(s) of yours THE ABOVE EXPENSE	OF FINANCIAL ASSISTANCE – co (and your spouse's, if married) finance. S ARE PAID FOR BY (specify far- rnment assistance like social security)	ncial assistance:	monthly amount PROVIDED
supported in 2018 (please us	N – please include below, any other is another sheet if additional space is	s needed):	the family was financially
	e certify that all information reported is	_	
Student Signature			Date
Snouse's Signature			Date