



2026-2027 Low Income Verification Form

Your financial aid application has been selected for verification. The Office of Financial Aid must verify the data you reported on your Free Application for Federal Student Aid (FAFSA). Verification of data must be completed prior to the Office of Financial Aid awarding or disbursing financial aid funds. Please complete the information requested below and return to the Office of Financial Aid Room E210. If there are differences between this information and the FAFSA reported data, the Office of Financial Aid will make the corrections electronically. If you have any questions regarding this form, please contact the Office of Financial Aid at (201)684-7549 or email finaid@ramapo.edu.

Forms can be returned via mail, or in person to the
Office of Financial Aid - Office E-210

Documents can be submitted via secure e-mail from your RAMAPO EMAIL ADDRESS to finaiddocs@ramapo.edu

****EMAILS & FAX NOT ACCEPTED****

STUDENT INFORMATION (For institutional identification purposes) _____

Ramapo ID # _____

Last Name First Name MI Social Security Number

☐ I am INDEPENDENT for financial aid purposes because I did not have to provide my parental information on the FAFSA. If this is your case, this form must be completed by YOU and YOUR SPOUSE if married.

☐ I am DEPENDENT for financial aid purposes because I did have to provide my parental information on the FAFSA. If this is your case this form must be completed and signed by YOU and YOUR PARENT(S).

Untaxed Income and Benefits for 2024 (annual amounts) Important – Report amounts received for the entire 12-month period of 2024	Student/Spouse	Parent(s)
Untaxed wages, salaries, and tips (non-taxable) – Copies of W2 forms required	\$	\$
Cash Support Received or monies paid on your behalf.	\$	\$
Social Security Benefits (non-taxable)	\$	\$
TANF (Temporary Assistance for Needy Families – otherwise known as welfare)	\$	\$
SNAP-Supplemental Nutrition Assistance Program (formerly known as food stamps)	\$	\$
Unemployment Benefits (non-taxable)	\$	\$
Child Support/Alimony Payments Received	\$	\$
Veterans Benefits (non-taxable, non-educational)	\$	\$
Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Do not include the value of on-base military housing or the value of basic military allowance for housing	\$	\$
Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 Form in Boxes 12a through 12d, codes D, E, F, G, H and S.	\$	\$
Financial Aid Payments/Refunds		
Other Untaxed income(explain): _____	\$	\$
Living Expenses for 2024(annual amounts) Important – Report amount paid for the entire 12-month period of 2024	Student/Spouse	Parent(s)
Rent or House Payment	\$	\$
Utilities and Phone	\$	\$
Automobile Expenses including payments, gas, insurance, etc.	\$	\$
Childcare	\$	\$
Healthcare	\$	\$

Student Loan Payments	\$	\$
Other (explain): _____		



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Student's Name (PRINT): _____ RID _____

Receipt of federal or state benefits (check all that apply)

___ Security Income (SSI) ___ Free/Reduced lunch ___ Section 8 Housing ___ Supplemental Nutrition (WIC)

Parent(s) Tax Filing Information

Check only one box below:

- ☐ Check here if your parent(s) filed taxes for 2024. (Provide a copy of parent(s) 2024 tax return transcript)
- ☐ Check here if your parent(s) did not work in 2024.
- ☐ Check here if your parent(s) worked but will not file and is not required to file a 2024 U.S. Income Tax Return. Attach copies of all 2024 W-2 forms (wages) issued to the parent(s).

Student Tax Filing Information

Check only one box below:

- ☐ Check here if you (student) filed taxes for 2024. (Provide a copy of student's 2024 tax return transcript)
- ☐ Check here if you (student) did not work in 2024.
- ☐ Check here if you (student) worked but will not file and is not required to file a 2024 U.S. Income Tax Return. Attach copies of all 2024 W-2 forms (wages) issued to the student/spouse.

If your total family income and/or resources are below poverty level for your family size, please explain in detail below, how your family meets basic living expenses. Poverty level information can be found online at <https://aspe.hhs.gov/2025-poverty-guidelines>

If you are an independent student and you reside with another individual(s) who provides you room and board while you are a student, please indicate this here including the name(s) and relationships to you of the individual(s) providing you with in kind support.

Certification

By signing below, I/we acknowledge and confirm that the above information is complete and correct. Purposely giving false or misleading information may result in federal fines, jail sentence, or both. If student is dependent, one parent whose information was reported on the FAFSA must sign and date this form.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____