

401 S. State Street • Chicago, IL 60605 • TEL: 312-935-6260 • FAX: 312-935-6201 • EMAIL: finaid@robertmorris.edu

The information requested on this form is needed to process your application for financial aid for 2019-2020. Complete this form and return it to the address above within 30 days. All submitted information must include the student's RMU ID number.

Student's Name (Last, First, M.I.) _____

RMU ID Number (required) _____

Email Address _____

Income Information for Household - 2017		
Resources received from January 1, 2017 to December 31 st , 2017	Student (and Spouse, if applicable)	Parents (Dependent students only)
Income from working (wages, salaries, tips)		
Child Support or alimony paid to you		
Untaxed Social Security Benefits		
Workman's Compensation or Disability		
Any other untaxed income from other sources Specify from what source:		

Government Benefits Received By Your Household	Do you Receive? (Circle YES or NO)	Amount Per Month
Supplemental Social Security (SSI) – <i>DO NOT INCLUDE survivor or Social Security retirement benefits</i>	YES or NO	\$
Food Stamps (SNAP – Supplemental Nutrition Assistance Program)	YES or NO	\$
Temporary Assistance for Needy Families (TANF)	YES or NO	\$
Veterans Non-Education Benefits, such as Disability	YES or NO	\$
Veteran Education Benefits	YES or NO	\$
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Name of recipient: _____	YES or NO	
Free-or-Reduced Lunch in 2016 or 2017	YES or NO	
Section 8 Housing Benefits	YES or NO	

Certification and Authorization

Do NOT submit without **ALL** required signatures.

I (we) certify that the information provided on this form is correct and complete. I (we) also agree to contact the RMU Office of Financial Aid if the information provided requires changes.

STUDENT'S SIGNATURE _____

DATE _____

PARENT'S SIGNATURE _____

DATE _____

SPOUSE'S SIGNATURE (IF APPLICABLE) _____

DATE _____

For Office Use Only

 FAFSA Updated: Yes No

If Yes, Date Updated: _____

FAA Initials _____