



Financial Aid Office
1701 E Front Street
Traverse City MI 49686-3061
Phone: (231) 995-1035 Fax: (231) 995-1570
www.nmc.edu/financialaid

2007/2008
IN-KIND SERVICE DOCUMENTATION FOR PARENT

*To assist us in determining financial aid eligibility for your student for the 06/07 school year, please fully complete **both** sections in regard to **2006** and sign, then return to the above address.*

1) Please enter below a statement describing how you (the parent) were able to pay for housing, food, vehicles, etc. on your 2006 income. If you have a roommate, significant other, or similar arrangement; please have that person write a statement describing what they pay toward the household expenses, making sure they SIGN and DATE where indicated at the bottom of this form.

2) PLEASE CHECK ONE:

<input type="checkbox"/> My name (parent) appears on the rental agreement, lease or mortgage of my residence in 2006.	<i>or</i>	<input type="checkbox"/> My name (parent) does NOT appear on the rental agreement, lease or mortgage of my residence in 2006. <i>The following items are listed under the following name(s):</i> <u>Rental Agreement, Lease or Mortgage:</u> _____ Relationship to Student <u>Utilities:</u> _____ Relationship to Student
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I certify the above information in true and correct to the best of my knowledge.

Student Signature Date

Signature of Third Party Date

Student ID

Parent Signature Date