

Verification of Low Income for 2009-2010

Your Student Aid Report indicated that you have reported an unusually low income. Please complete and return this form to verify your **2008 monthly expenses** and how these expenses were paid. Your financial aid **will not** be processed until this form has been completed, returned, and verified.

Student's Name

Social Security Number

Please check one of the following and supply the information for the appropriate persons:

___ I am a **DEPENDENT** student: Please complete the entire form with **parent(s) information** even if you did not live with your parent(s) during 2008.

___ I am an **INDEPENDENT** student: Please complete the entire form with **student/spouse information**.

Please indicate below the Monthly Cost for each item listed and check the sources used to pay each expense. IMPORTANT: If someone pays the monthly expense on your behalf, please include what amounts are paid monthly. If you are living with relatives/friends who cover your monthly cost, please include what monthly amounts are paid on your behalf and **provide verification of the support.**

Please do not leave any item blank

Type of Expenses	Approximate Monthly Costs	Please check which sources were used to pay these Monthly Expenses and provide verification			
		Relatives	Public Assistance	Income from Work	Other: Please Specify by listing the source
Housing/Rent	\$				
Utilities	\$				
Food	\$				
Transportation (Car note, gas, insurance)	\$				
Child Care	\$				
Medical Expenses	\$				

Include any comments that might explain your support for 2008, such as not having to pay rent or a house note or someone else providing room and board at no cost to you and/or parent during the year of 2008.

Please list the **TOTAL Annual** Source of money received and **provide verification** of each of the following for 2008. **Please list \$0 if it does not apply:**

Student Gross Amount Received for 2008	<u>Source of Income and Support</u>	Parent Gross Amount received for 2008
\$ _____	Gross Earned Income	\$ _____
\$ _____	Department of Public Assistance (Welfare)	\$ _____
\$ _____	Food Stamps	\$ _____
\$ _____	Housing Assistance	\$ _____
\$ _____	SSI/Social Security Benefits	\$ _____
\$ _____	Child Support	\$ _____
\$ _____	Alimony	\$ _____
\$ _____	Workers' Compensation	\$ _____
\$ _____	Unemployment Compensation	\$ _____
\$ _____	Parent/Relatives/Friend	\$ _____
\$ _____	Veteran Benefits	\$ _____
\$ _____	Other: _____	\$ _____

By signing this worksheet, we certify that all the information reported on this worksheet is complete and correct. At least one parent must sign for a dependent student. WARNING: IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION ON THIS WORKSHEET, YOU MAY BE FINED, SENTENCED TO JAIL, OR BOTH.

Student's Signature	Date	Parent's Signature	Date
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If any information is left unanswered, this form will be returned to you which will delay your Financial Aid from being processed.