

DO NOT FAX
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OFFICE OF FINANCIAL ASSISTANCE
2009 – 2010 Low Income Verification Form

INDEPENDENT STUDENT

The income you reported on your Free Application for Federal Student Aid (FAFSA) appears unusually low, please complete the information below verifying how your expenses in the year 2008 were met. Failure to return this form to the financial aid office may result in the cancellation of your financial aid.

Student's Name: _____

Student's ID Number: _____

I (we) filed a 2008 federal income tax return: _____ Yes _____ No

If you answered yes, please attach a copy of yours and your spouse's signed tax return. If married, include spouse's name below.

Spouse's Name: _____

STUDENT/SPOUSE (if married)

Expenses For 2008	Monthly Amount	Who Paid This Expense?	Relationship
Rent/Mortgage			
Food			
Medical/Dental Insurance			
Medical/Dental Expenses			
Clothing			
Utilities (Telephone, Elect.)			
Car Payments			
Car Insurance			
Recreation			
Totals			X 12 =

By signing this worksheet, I certify that all the information reported to qualify for student financial aid is true and accurate. I understand that if incomplete, my financial aid will not be processed.

Signature of student

Date

Signature of spouse (if married)

Date