



Office of Financial Aid
Verification of Low Income
2008-2009

Name _____ Banner ID # _____

The income received in the year 2007 as reported on the student's financial aid application is so low that it needs to be verified. The person completing this form is (check please):

[] Student (The student, must sign this form, parent's signature is not required if you are independent)

[] Parent (The parent and the student must sign this form.)

Please provide a clear, legible response to ALL of the following questions. Your answers will assist your Financial Aid Administrator with information needed to verify low income in the student's household. If you fail to answer all questions or leave any question blank, this will delay the processing of the student's financial aid application.

1. Did you receive monies from any source(s) in the year 2007? [] No [] Yes

2. The source of income was from:

[] Employment [] Parent [] Spouse

[] Social Security Benefits [] Relative [] Friend

[] Other (Indicate) _____

3. From January 2007 - December 2007, did you live with: (Check the appropriate response for each)

Table with columns: Parent, Spouse, Other Relative, Friend, Yes, No. Rows: Parent, Spouse, Other Relative, Friend.

(For questions 4-7, do not indicate \$0 or leave blank and specify who paid the expense)

4. List the yearly cost of support for your: Room/Rent \$ _____ Paid by _____

5. List the yearly cost of support for your: Food/Meals \$ _____ Paid by _____

6. List the yearly cost of support for your: Utilities \$ _____ Paid by _____

7. List the yearly cost of your personal support (clothing, bills, auto, medical, childcare, etc). \$ _____ Paid by _____

8. Indicate the total amount of support received in 2007. \$ _____

(Do not include work-study, grants, student loans, etc.)

Student Signature _____ Date _____

Parent Signature _____ Date _____