



Low Income Verification Form 2011-2012
Independent Student

Student's Full Name _____

Student ID Number _____

We recently received a copy of your 2011-2012 Free Application for Federal Student Aid (FAFSA). However upon review, we noticed that the amount of income reported was unusually low and will need to be verified before we can process your application for federal aid. Please complete the following worksheet listing all of your sources of income you received from January 1, 2010 through December 31, 2010.

Please provide **total yearly income** from January 1, 2010 through December 31, 2010.

Income	Student	Spouse
Employment (income not reported on tax return)	\$ _____	\$ _____
Cash Gifts	\$ _____	\$ _____
Social Security / SSI	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
Welfare Benefits	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
Worker's Compensation	\$ _____	\$ _____
Disability	\$ _____	\$ _____
Section 8 Housing	\$ _____	\$ _____
Other Support Received (please list and explain below)	\$ _____	\$ _____
Total	\$ _____	\$ _____

Please attach additional pages if needed. If you have any questions about this form, please contact our office at (478) 934-3133.

Certification Statement:

"All information reported on this form is true and accurate to the best of my knowledge. All sources of income have been listed. I understand that I could be responsible for returning any student financial aid monies received due to inaccurate, false or misleading information provided on this form and/or any other documentation that has been submitted to the Financial Aid Office."

Student's Signature _____

Date _____

Spouse's Signature (required if the student is married) _____

Date _____

FOR USE BY OFFICE OF FINANCIAL AID:

Expense	Student	Spouse
Housing (rent, mortgage)	\$ _____	\$ _____
Utility Bills (electricity, phone, water, etc.)	\$ _____	\$ _____
Food	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Transportation (car payment, insurance, gas, etc.)	\$ _____	\$ _____
Medical Bills	\$ _____	\$ _____
Personal Care Items (deodorant, shampoo, etc.)	\$ _____	\$ _____
Total	\$ _____	\$ _____