

**DO NOT FAX**  
Print (black ink only)



**OFFICE OF FINANCIAL ASSISTANCE  
2010 – 2011 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 2009 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 2009 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 2009	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			
<b>Totals</b>			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