

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



**OFFICE OF FINANCIAL ASSISTANCE**  
**2010 – 2011 Low Income Verification Form**

**DEPENDENT STUDENT**

The income your parents 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 will result in your student financial aid file not being processed.

Student's Name: \_\_\_\_\_

Student's ID Number: \_\_\_\_\_

I (student) filed a 2009 federal income tax return: \_\_\_\_ Yes \_\_\_\_ No  
If you answered yes, please attach a copy of your signed tax return.

Name of Parent completing this form: \_\_\_\_\_; if married,  
include spouse's name below.

Spouse's Name: \_\_\_\_\_

I (we) filed a 2009 federal income tax return: \_\_\_\_ Yes \_\_\_\_ No  
If you answered yes, please attach a copy of your signed tax return.

**PARENTS**

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>		<b>X12 =</b>	

**STUDENT**

Expenses For 2009	Monthly Amount	Who Paid This Expense?	Relationship
Rent/Mortgage			
Food			
Medical/Dental Insurance			
Medical/Dental Expenses			
Clothing			
Utilities (Telephone, Elect.)			
Car Payment			
Car Insurance			
Recreation			
<b>Totals</b>		<b>X 12=</b>	

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 Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date