



## VERIFICATION OF LOW INCOME

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

The 2010 income you reported on your 2011-2012 FAFSA appears unusually low and insufficient to support household size. This form must be completed and returned to the Financial Aid Office.

**ALL questions must be completed (do not indicate “0” or leave blank) and failure to do so will delay processing of student’s financial aid application.**

1. From January 2010 to December 2010 did you live with *(please check all that apply)*:

- |                                 |                                      |  |
|---------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Spouse      | <input type="checkbox"/> Other Relative    |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Jail/Prison | <input type="checkbox"/> Had own residence |

2. In 2010, did you receive money/support from: ***\*Provide supporting documentation\****  
*(examples: Copies of W-2, SSI statement, written letter)*

- |   |                                   |
|---|-----------------------------------|
| <input type="checkbox"/> Employment               | <input type="checkbox"/> Parent   |
| <input type="checkbox"/> Spouse                   | <input type="checkbox"/> Friend   |
| <input type="checkbox"/> Social Security Benefits | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Other: _____             |                                   |

3. List the monthly cost for: Rent/Mortgage \$\_\_\_\_\_ Paid by \_\_\_\_\_

4. List the monthly cost for: Food/Meals \$\_\_\_\_\_ Paid by \_\_\_\_\_

5. List the monthly cost for: Utilities \$\_\_\_\_\_ Paid by \_\_\_\_\_

6. List the monthly cost of your personal support (clothing, auto, medical, childcare, etc).  
\$\_\_\_\_\_ Paid by \_\_\_\_\_

7. Check any of the following sources of income received in 2010:

- |  |   |
|--|---|
| <input type="checkbox"/> Food Stamps <i>(provide copy of EBT card)</i>   | <input type="checkbox"/> Work First Benefits <i>(provide copy of DSS Statement)</i> |
| <input type="checkbox"/> Rent Assistance <i>(provide copy of lease)</i>  | <input type="checkbox"/> Daycare Assistance <i>(provide copy of contract)</i>       |
| <input type="checkbox"/> Child Support <i>(provide statement of amount received in 2010)</i>                                     |   |
| <input type="checkbox"/> Financial Aid/Scholarships <i>(provide copy of award letter or form 1098-T, if not received at SCC)</i> |   |

**Acknowledgement:** I certify that the information provided on this form is true and factual to the best of my knowledge.

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent Signature (if dependent)*

\_\_\_\_\_  
*Date*