

Panther ID Number								

## PARENT'S LOW INCOME VERIFICATION

**2009-2010**

**Parent must complete this form.** The 2008 income you reported on your 2009-2010 Free Application for Federal Student Aid (FAFSA) appears insufficient to support the number of people in your household. Please complete this form in order to clarify how you were able to support your family in 2008. Explain how you were able to provide housing, food, utility bills, clothing, etc. *Parent must complete both sides of this entire form. Do not leave any blanks or this form will be returned to you (if the answer is Zero, write 0).*

Student's Last Name	First	MI

Parent's Name	Social Security Number								
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**SECTION I:** In the table below please check the box that corresponds with your marital status on the day you signed the Free Application for Federal Student Aid (FAFSA). Then, based on the box that you checked, please complete the form based on the corresponding instructions.

IF YOU ARE...	THEN...
<input type="checkbox"/> <b>MARRIED</b> (both are living and married to each other)	Complete the form using both of your information.
<input type="checkbox"/> <b>REMARRIED</b>	Complete the form using yours (the parent) and your spouse (the stepparent) information.
<input type="checkbox"/> <b>DIVORCED</b> <input type="checkbox"/> <b>SEPARATED</b>	Complete this form using only your information if the student lived with you and you provided the most support in the last 12 months. Support includes money, gifts, loans, housing, food, clothes, car, medical care, payment of tuition, etc.
<input type="checkbox"/> <b>SINGLE</b> <input type="checkbox"/> <b>WIDOWED</b>	Complete this form using only your information – do not include information about the deceased or absent parent.
<input type="checkbox"/> <b>GRANDPARENT OR GUARDIAN</b>	You <b>CANNOT</b> respond as the parent. Please contact our office.

If your marital status has changed since your original application, give the date of change and briefly explain the reason:

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PLIV  
2009-2010

**SECTION II:** *In the table below please list sources and total amounts of income from January 2008 through December 2008. Attach an additional sheet if necessary.*

INCOME			
(enter <b>annual</b> , not monthly amounts)			
Parent's Financial Aid	\$	Welfare	\$
Cash Gifts	\$	Food Stamps	\$
Money From Savings	\$	Earnings from Work	\$
Child Support Received	\$	Unemployment Benefits	\$
Loans	\$	Social Security Benefits <i>(such as SSI, SSDI, etc)</i>	\$
Alimony	\$	Other (specify source)	\$
Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 Form in Boxes 12a -12d, codes D, E, F , G , H, and S	\$		

**SECTION III:** *In the table below please list your expenses and total expenditures from January 2008 through December 2008.*

EXPENSES			
(enter <b>annual</b> , not monthly amounts)			
Housing	\$	Transportation	\$
Food	\$	Clothing	\$
Utility Bills	\$	Other (specify source)	\$
Medical	\$		

**SECTION IV:** In addition to the income and expenses information listed above please provide a statement explaining how you were able to meet your expenses in 2008. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### CERTIFICATION STATEMENT

"I certify that this information is true and correct to the best of my knowledge. Additionally, I understand that I am responsible for returning all student financial aid monies received due to inaccurate, false or misleading information provided on this form and or/any other documents submitted, including tax returns and W-2s."

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Required)

**FAILURE TO COMPLETE THIS FORM AS DIRECTED WILL RESULT IN THIS FORM BEING RETURNED TO YOU.**

Return this form to: **OFFICE OF STUDENT FINANCIAL AID**  
 P.O. Box 4040 Atlanta GA 30302-4040  
 Phone: 404-413-2400 Fax: 404-413-2102

**ONE STOP SHOP**  
 Sparks Hall.....rooms 227 and 228  
 Kell Hall .....room 292  
 Hours: Monday – Friday from 8:30am to 5:15pm