

Panther ID Number							

STUDENT'S LOW INCOME VERIFICATION

2008 - 2009

The 2007 income you reported on your 2008 - 2009 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 2007. Explain how you (and your spouse if married) were able to provide housing, food, utility bills, clothing, etc. *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

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).

MARITAL STATUS	
<input type="checkbox"/> SINGLE	<input type="checkbox"/> WIDOWED
<input type="checkbox"/> MARRIED	<input type="checkbox"/> REMARRIED
<input type="checkbox"/> DIVORCED	<input type="checkbox"/> SEPARATED

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

SECTION II: In the table below please list sources and total amounts of income from January 2007 through December 2007. Attach an additional sheet if necessary.

INCOME			
(enter annual , not monthly amounts)			
Pell Grant, Hope	\$	Welfare	\$
Cash Gifts	\$	Food Stamps	\$
Money From Savings	\$	Earnings from Work	\$
Child Support Received	\$	Unemployment Benefits	\$
Loans	\$	Social Security Benefits (such as SSI, SSDI, etc)	\$
Alimony	\$	Expenses paid by others	\$
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	\$	Other (specify source)	\$

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SLIV
2008 - 2009

SECTION III: In the table below please list your expenses and total expenditures from January 2007 through December 2007.

EXPENSES (enter annual , 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 2007. _____

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."

Student's Signature _____ Date _____
(Required)

Spouse's Signature _____ Date _____
(Required if married)

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 Hallroom 292
Hours: Monday – Friday from 8:30am to 5:15pm