



## 2011-2012 LOW INCOME VERIFICATION FORM

Name \_\_\_\_\_ UNCP ID \_\_\_\_\_

*please print*

Address \_\_\_\_\_

Street

City

State

Zip

Cell Phone #

The income that you reported for yourself and/or your family on your 2011-2012 Free Application for Federal Student Aid (FAFSA) appears insufficient to support the number of people in your household. Please complete this form to clarify how you and/or your family were able to provide for such needs as housing, food and utility bills during 2010 so that we may properly complete your financial aid award.

### STEP ONE:

Check the box corresponding to your situation.

I am considered an independent student on the FAFSA so I will complete the Student/Spouse section.

I am considered a dependent student on the FAFSA so I will complete the Parent(s) section.

### STEP TWO:

**Please list any income you and/or your family received in 2010.** This listing should include income from work, disability, unemployment, social security, child support, and/or income received from relatives/friends. **You must provide supporting documentation of income.** Acceptable documentation includes, but is not limited to: W-2 forms, 1099 forms, letter from Social Security Administration, print out from Employment Security Commission, print out from Child Support Enforcement and/or a notarized statement from the friend/relative who provided the income.

Student/Spouse	Income/Resources List Annual Income Amounts from January 2010 – December 2010	Parent(s)
\$	Income from work (gross amount)	\$
\$	Unemployment or disability	\$
\$	Child Support received	\$
\$	Social Security Benefits	\$
\$	Public Assistance	\$
\$	Subsidized housing income	\$
\$	Food stamps	\$
\$	Veterans Benefits (non-educational)	\$
\$	Support from relatives/friends	\$

**STEP THREE:**

Enter the amount you spent **per month** in 2010 (attach a separate sheet if additional space is needed).

Student/Spouse	<b>Monthly Expenses from January 2010 – December 2010</b> If few or no expenses are listed, an explanation is required in the space below	Parent(s)
\$	Rent/Mortgage payment	\$
\$	Car payment and car insurance	\$
\$	Groceries/Food	\$
\$	Utilities (electric, water, sewer, etc.)	\$
\$	Cell phone/Cable/Internet	\$
\$	Medical/Dental/Vision expenses and/or insurance	\$
\$	Child care expenses	\$
\$	Other (specify)	\$

**STEP FOUR:**

Please add any clarifying comments regarding your situation that will help with the review of your file.

---



---



---



---



---

**STEP FIVE:**

By signing below, we certify that the information provided on this form is true and correct to the best of our knowledge. We agree that if requested, we will provide documentation to support the information provided on this form. We understand that failure to provide the requested information will result in denial of financial aid until the documentation is provided. For dependent students, the student and at least one parent must sign below. For an independent student, a parent signature is not required.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_