



FINANCIAL AID OFFICE
 80 Cohen Walker Drive, Warner Robins, GA 31088
 Phone: 478-988-6871 \Fax: 478-988-6819
 3300 Macon Tech Drive, Macon GA 31206
 Phone: 478-757-3422\Fax: 478-757-3679

2019-2020 LOW INCOME VERIFICATION FORM

Name: _____ ID#: _____

Home Phone Number: _____ Cell Phone Number: _____

The Financial Aid Office requests that you complete this form because you indicated that you had little/no income in 2016. This information will be used to justify your living arrangements for the year 2017. If applicable, please provide documentation that substantiates your income. Please write "0" if the income/resource or expense is \$0. **Do not leave any blank.**

2017 Monthly Income/Resources	Student/Spouse	Parent/Stepparents (Dependent Students Only)
Income from Work		
Unemployment		
Disability		
Child Support Received		
Social Security Benefits		
Public Assistance/Subsidized Housing Income		
Veteran's Benefits (non-educational)		
Cash/Non Cash given to you by others		
Other:		

2017 Monthly Expenses	Student/Spouse	Parent/Stepparents (Dependent Students Only)	How Expenses Were Paid (Parent, Friend, SNAP, HUD, etc.)
Personal items, clothing, grooming, etc.			
Utilities (electric, water, sewer, etc.)			
Cell Phone/Cable/Internet			
Child Support Paid			
Alimony Paid			
Medical/Dental/Vision Expenses and/or Insurance			
Other:			

Certification and Signature

I certify that all of the information reported on this worksheet is complete and correct. The student must sign this worksheet.

 Student's Signature Date

 Parent's Signature (for dependent's only) Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.