

LOW INCOME VERIFICATION FORM
DEPENDENT STUDENT 2008-2009

A recent review of your 2008-2009 Financial Aid Application indicates you and/or your parent (s) incomes are unusually low. Before we can proceed with the awarding process, you and your parent (s) will need to complete this form to include ALL sources of income you and/or your parents received from January 2007 to December 2007.

You must include any forms of support received such as Social Security payments, Food Stamps, Welfare (TANF), Unemployment Benefits, and Workmen Compensation etc. You must also include other resources such as cash gifts; monies paid on your behalf, subsidized housing or estimated value of housing if no rent is paid.

Student Name: _____ AMC ID#: _____

Please enter annual not monthly amounts

Student		Parent	
<u>Student</u> Source of Income	Amount Received	<u>Parent</u> Source of Income	Amount Received
Example: Family Member	Example: \$2,500 annual		
<u>Student</u> Non-Cash Support Source	Amount Received	<u>Parent</u> Non-Cash Support Source	Amount Received
Example: Food Stamps	Example: \$1,200 annual		

By signing, you both certify that the information listed on this form is true to the best of your knowledge.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____