



Southern Arkansas University Tech  
 Financial Aid Office  
 P.O. Box 3499  
 Camden, AR 71711-1599  
 (870) 574-4511

## 2010-2011 VERIFICATION OF LOW INCOME

**Student Name** \_\_\_\_\_ **College ID / SSN#** \_\_\_\_\_

The 2009 income which you reported on the 2010-2011 Free Application for Federal Student Aid (FAFSA) appears to have been insufficient to support your household. Please itemize your income and expenses below:

### 2009 MONTHLY EXPENSES

STUDENT/PARENT LIVING EXPENSES	EXPENSES List the amount per month from Jan.1, 2009 to Dec. 31, 2009	SUPPORT RECEIVED List the amount per month from Jan. 1, 2009 to Dec. 31, 2009	WHO PAID THIS EXPENSE?
Housing (rent/mortgage)	\$		
Utilities	\$		
Child Care	\$		
Food	\$		
Auto (car payment, gas, insurance, maintenance)	\$		
Medical/Dental	\$		
Personal/Misc.	\$		
<b>TOTAL MONTHLY EXPENSES/SUPPORT</b>	\$		XXXXXX
<b>TOTAL YEARLY EXPENSES/SUPPORT</b> (Total Monthly x 12)	\$		XXXXXX

### 2009 MONTHLY INCOME/RESOURCES

Wages	\$
Welfare Benefits	\$
AFDC, TEA, TANF	\$
Food Stamps	\$
Housing Subsidies	\$
Cash Support	\$
Cash Gifts	\$
Taxable Social Security Benefits	\$
Child Support	\$
Alimony	\$
Other (Specify)	\$
<b>TOTAL MONTHLY INCOME</b>	\$
<b>TOTAL YEARLY INCOME</b> (Total Monthly x 12)	\$

ADDITIONAL COMMENTS EXPLAINING YOUR SITUATION:

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I/we certify that the information provided above is complete and correct. I/we understand that this information is being used to determine my eligibility for Federal Financial Aid and that certain income/resource amounts not reported on my application may be reported through a correction process. **I understand that if my form is incomplete, my financial aid will be delayed.**

**SIGNATURE** (student) \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE** (parent) \_\_\_\_\_ **DATE** \_\_\_\_\_