

Independent Low Income Verification Form 2011-2012

On your Free Application for Federal Student Aid (FAFSA) you stated family income for 2010 that is unusually low. *This form is requesting the **total** family income for the dependent student.*

Student Name: _____
Last First

Mailing Address: _____
Street/P.O. Box City ST ZIP

Social Security #: _____ Telephone: _____

Additional Household Occupants:

Name	Relationship to You	Age

Did you, your spouse or anyone in your household receive benefits from any of the following Federal benefits programs?

Food Stamps	Yes	No
Free/Reduced Price Lunch	Yes	No
Low Income Housing	Yes	No
Supplemental Security Income	Yes	No
AFDC/TANF	Yes	No
WIC	Yes	No

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Please explain how your living expenses were met and by whom for Year 2010. (If you were to live on your own-how much would you have paid for the following in 2010?) Who paid these costs?

Bill	Yearly Amount	Paid by: (Self/Parent/Other Relative/Friend)
Rent/Mortgage	\$	
Utilities	\$	
Food	\$	
Clothing	\$	
Transportation	\$	
Car Payments/Leases	\$	
Insurance (Auto/Home)	\$	
Recreation/Entertainment	\$	
Cell Phone	\$	
OTHER: (Please Specify)	\$	

Money Available to Pay Bills:	Total ANNUAL Amount for 2010
Student's income from work	\$
Spouse's income from work	\$
Income from work (other)	\$
Pension/Retirement	\$
Unemployment/Worker's Comp	\$
Untaxed Social Security	\$
Supplemental Security Income	\$
Child Support Received	\$
Welfare/AFDC/TANF	\$
Food Stamps	\$
Other (Please Specify)	\$

By signing this worksheet, we certify that all information reported on this worksheet is complete and correct. Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail or both.

Student Signature _____

Date _____

Note: Additional information may be requested

Return Completed Form To:

Eastern Wyoming College

Financial Aid Office

3200 West C Street

Torrington, WY 82240

(307) 532-8224 or 1-800-658-3195

Fax (307) 532-8222