

# SOUTHWEST

TENNESSEE COMMUNITY COLLEGE

## VERIFICATION OF LOW INCOME

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

The income reported for calendar year 2017 on your 2018-2020 Free Application for Federal Student Aid (FAFSA) appears to be unusually low. We need additional information to clarify how you supported yourself. Please provide the following information regarding your monthly expenses and income for calendar year 2017 (January – December 2017). Do not leave blanks; write “0” if an item is \$0.

Person with low/zero income is: \_\_\_\_\_ Parent(s) of a Dependent Student  
\_\_\_\_\_ Independent Student

2017 Monthly Expenses	Monthly Amount	How Expenses Were Paid (i.e.: TEA, SNAP, HUD, Parent, Roommate, etc.)
Housing (Rent/Mortgage)	\$	
Groceries/Food	\$	
Utilities	\$	
Transportation	\$	
Personal Items	\$	
Medical	\$	
Other:	\$	
<b>Total Monthly Expenses</b>	<b>\$</b>	

2017 Monthly Income	Student/Spouse (Independent Student only)	Parents (Dependent Student Only)
Wages, Salaries, Tips	\$	\$
Social Security/Disability	\$	\$
Welfare Benefits including TANF	\$	\$
Unemployment Benefits	\$	\$
Child Support	\$	\$
Alimony	\$	\$
Money from Family/Friends	\$	\$
Other:	\$	\$
<b>Total Monthly Income</b>	<b>\$</b>	<b>\$</b>

Explain how you were able to live on your monthly income. If your total expenses are \$0, explain how you lived with no expenses. Attach separate letter if necessary. \_\_\_\_\_

I certify that all information reported to qualify for federal student aid is complete and correct.

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

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