

**2009-10 DEPENDENT LOW INCOME VERIFICATION FORM**

**VALDOSTA STATE UNIVERSITY  
OFFICE OF FIANANCIAL AID**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student ID Number

We have received your FAFSA or SAR for the academic year. The income you reported on your application is extremely low and is below minimum levels necessary to support you and/or your family. **Total Income "cannot" equal zero and "cannot" be less than the Total Yearly Expenses.**

**Please list the following yearly amounts received in 2008:**

	<b>STUDENT</b>	<b>PARENT</b>
Income from Employment	\$ _____	_____
TANF/AFDC/ADC	_____	_____
Food Stamps Received	_____	_____
Social Security Benefits / SSI	_____	_____
Housing/Food/Living Allowances	_____	_____
Worker's Compensation	_____	_____
VA Benefits	_____	_____
Gifts and Support received in Cash*	_____	_____
Cash Support paid on your behalf	_____	_____

*\*Gifts and Cash Support: A student must report any money he/she received, or money paid to someone else on his or her behalf. For example, if a friend or relative gives the student grocery money, it is reported as untaxed income. If the friend or relative pays the student's electricity bill or part of the student's rent, the student must report those payments as untaxed income. Do not report 'in-kind' support in forms other than money, such as free food or housing.*

**Estimate a typical month's expenses for 2008:**

	<b>STUDENT</b>	<b>PARENT</b>
Housing/Rent	\$ _____	_____
Utilities/Cable	_____	_____
Food	_____	_____
Transportation	_____	_____
Medical Bills	_____	_____
Car Payments	_____	_____

Car Insurance \_\_\_\_\_  
Phone \_\_\_\_\_  
Other \_\_\_\_\_

I certify that the information above is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Student/Spouse Signature                      Date

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

Return To: Office of Financial Aid  
Valdosta State University  
Valdosta, GA 31698