OFFICE OF FINANCIAL AID
LOW INCOME VERIFICATION STATEMENT FOR DEPENDENT STUDENTS

STUDENT NAME _____ **SSN** _____

PARENT NAME _____ **Phone No.** (_____)_____

The income reported by your parents on the 2009-10 FAFSA appears to be unusually low. Please have your parents use this form to write a statement explaining how they provided for you and your family during 2008. If you or other family members are receiving benefits from social security, child support, AFDC, social services or other resources, please be sure to include the total yearly amount received for all family members.

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I certify that I completed a FAFSA on behalf of my son/daughter and that the information above is true and correct to the best of my knowledge.

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Parent' Signature **Date**

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Student' Signature

Return this form to: Office of Financial Aid, 119 Tillman Hall, Rock Hill, SC 29733.