



**OFFICE OF FINANCIAL AID  
LOW INCOME VERIFICATION STATEMENT FOR INDEPENDENT STUDENTS**

**STUDENT NAME** \_\_\_\_\_

**SSN** \_\_\_\_\_

The income which you reported on the 2009-10 FAFSA appears to be unusually low. Please complete this form and provide information which explains how you paid your living expenses in 2008. Use actual dollar amounts received, including cash support or bills paid on your behalf (or for your dependents) by another person or agency in 2008. This includes gifts of money, payments for your housing, food, transportation, medical and personal expenses. Be sure to list the specific source of income used to pay the expense. **Do not include financial aid.**

<b>Living Expenses</b>	<b>Amount Paid Each Month</b>	<b>Source of Payment</b> (your earnings, funds provided by a family member, state agency, friend, etc.)
Home mortgage/rent		
Food		
Clothing		
Utilities (gas, electric, water)		
Phone		
Cable		
Car		
Gasoline and car maintenance		
Insurance (car, home, health)		
Medical Expenses		
Credit Cards		
Other Expenses		
<b>TOTAL EXPENSES</b>		

**Please provide any additional information that would assist us in determining how your living expenses were paid.**

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

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

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