

**WAYCROSS COLLEGE
FINANCIAL AID OFFICE
LOW INCOME VERIFICATION**

Student Name: _____

Date: _____

We must have additional information from you to continue verification on your (son's/daughter's/spouse's) _____ financial aid file.

According to the information you previously submitted, your total reported income is below the minimum standard established for your household size. We need additional information from you to show how you supported yourself and your household from _____ through _____.

Complete, sign, and return this form to our office. If you received support from another individual, please explain the type of support you received between _____ and _____.

If you have any questions, please contact our office at 912-449-7560.

NOTE: If you did not pay any item listed below, explain why on the back:

1. Monthly cost of housing (rent & utilities)? \$ _____

2. Source of income to pay housing (rent & utilities) _____

3. Approximate monthly cost of foods? \$ _____

4. Source of income to pay for food (if food stamps, give dollar amount received monthly) _____

5. Monthly transportation costs (car payments, gas, car ins., etc.)? \$ _____

6. Source of income to pay transportation costs? _____

7. Monthly clothing/personal cost? \$ _____

8. Source of income to pay clothing/personal cost _____

BY SIGNING THIS FORM, I CERTIFY THAT ALL INFORMATION REPORTED TO QUALIFY FOR FEDERAL AID IS COMPLETE AND CORRECT.

STUDENT _____ DATE _____ SPOUSE _____

PARENT _____ DATE _____ SPOUSE _____