

Student Low Income Verification (SLIV)**2009 - 2010**

Student's Name _____

Student ID # _____

9 3 0 _____

DO NOT LEAVE ANY LINES BLANK in SECTION 2 and SECTION 3 or this form will be returned to you.
If an item does not apply, write in "0" (zero).

SECTION 2: Income for 2008

Please list any income you (and your spouse, if married) received in 2008. This listing will include income from work, financial aid (for student only), cash or money paid on your behalf by parents, relatives, or friends, child support, social security, disability, unemployment, welfare/TANF, etc.

You must provide supporting documentation of income. Acceptable documentation includes, but is not limited to: W-2 forms, 1099 forms, print out from Child Support Enforcement, letter from Social Security Administration, and/or a notarized statement from the parent/relative/friend who provided the income. Proof of financial aid does not need to be documented unless it was received at another school.

Enter Amount Received from:	<u>Jan-April 2008</u>	<u>May-Aug 2008</u>	<u>Sept-Dec 2008</u>
Wages	\$ _____	\$ _____	\$ _____
Cash received from parents/relatives/friends	\$ _____	\$ _____	\$ _____
Financial Aid:			
Grants / Scholarships	\$ _____	\$ _____	\$ _____
Loans	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____
Social security benefits / Disability	\$ _____	\$ _____	\$ _____
Other (Identify Source) _____	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

SECTION 3: Expenses for 2008

Enter amount spent per semester. **Documentation is required.** Acceptable documentation includes, but is not limited to: copies of rental or mortgage agreements, utility bills, canceled checks, receipts, bank statements, and/or notarized statements.

Expenses:	<u>Jan-April 2008</u>	<u>May-Aug 2008</u>	<u>Sept-Dec 2008</u>
Tuition and Fees:	\$ _____	\$ _____	\$ _____
Books and Supplies:	\$ _____	\$ _____	\$ _____
Housing Status: Rent <input type="checkbox"/> Own <input type="checkbox"/>	\$ _____	\$ _____	\$ _____
Utilities: Gas, Electric, Water, Phone	\$ _____	\$ _____	\$ _____
Food	\$ _____	\$ _____	\$ _____
Recreation, entertainment	\$ _____	\$ _____	\$ _____
Medical	\$ _____	\$ _____	\$ _____
Child Care	\$ _____	\$ _____	\$ _____
Auto maintenance, gas	\$ _____	\$ _____	\$ _____
Auto, insurance, credit cards	\$ _____	\$ _____	\$ _____
Cell phone, Internet, Cable/satellite	\$ _____	\$ _____	\$ _____
Clothing, personal care	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

SECTION 4: Certification Statement

By signing this form, I certify that all of the information reported to qualify for federal student aid is complete and correct.

WARNING: If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.

Student's Signature: _____

Date: _____