

# Non-Tax Filer Form and Low Income Form

Your **Student Aid Report** indicated that you have reported an unusually low income. Please complete and return this form to verify your **2009 monthly expenses** and how these expenses were paid. Your financial aid **will not** be processed until this form has been completed, returned, and verified.

\_\_\_\_\_ **Student's Name** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

**Please check one of the following and supply the information for the appropriate persons:**

\_\_\_\_\_ I am a **DEPENDENT** student: *Please complete the monthly expense and source of payment information for your parents.*

\_\_\_\_\_ I am an **INDEPENDENT** student: Please complete the monthly expense and source of payment information for student/spouse.

**Please indicate below the Monthly Cost for each item listed and check the sources used to pay each expense. IMPORTANT: Do not leave any item blank**

Type of Expenses	Approximate Monthly Costs	Please check which sources were used to pay these Monthly Expenses			
		Relatives	Public Assistance	Income from Work	List the source of this expense
<b>Housing/Rent</b>	\$ _____				
<b>Utilities</b>	\$ _____				
<b>Food</b>	\$ _____				
<b>Transportation (Car note, gas, insurance)</b>					
<b>Child Care</b>	\$ _____				
<b>Medical Expenses</b>	\$ _____				

Please list the **TOTAL Annual Amount** of money received and **provide verification** for each of the following for received in 2009:

Relatives \$ \_\_\_\_\_                      Public Assistance \$ \_\_\_\_\_  
 Income from work: \$ \_\_\_\_\_              Other Sources \$ \_\_\_\_\_

Did you (student) file taxes for 2009?  Yes  No \_\_\_\_\_ Initials  
 Did your parents file taxes for 2009?  Yes  No \_\_\_\_\_ Parent's Initials

**By signing this worksheet, we certify that all the information reported on this worksheet is complete and correct. At least one parent must sign for a dependent student. WARNING: IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION ON THIS WORKSHEET, YOU MAY BE FINED, SENTENCED TO JAIL, OR BOTH.**

\_\_\_\_\_ **Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**If any information is left unanswered, this form will be returned to you, which will delay your financial aid from being processed.**