



2022-2023 Low Income Verification Form

The 2020 income reported on your 2022-2023 FAFSA appears to be too low to support the number of people in the household. Our institutional policy in conjunction with the Federal Policy of conflicting information allows us to ask for supporting documentation. Complete this form to provide information that explains how you and your spouse OR your parent(s) (for dependent students) were able to live and support the family in 2020. **PLEASE DO NOT LEAVE BLANKS:** If an item does not apply to you, enter “-0-“or “N/A”. While it may be difficult to determine some figures, it is important to provide the most accurate information possible. Financial aid administrators have the authority to request any documentation they need in order to resolve discrepancies, per section 479A of the Higher Education Act of 1965 and the regulations at 34 CFR 668.51(b), 34 CFR 668.54(a)(3), 34 CFR 668.54(a)(5), 34 CFR 668.60(a), 34 CFR 668.60(b)(1), 34 CFR 668.60(c)(2) and 34 CFR 668.60(d).

A. Student’s Information

Student’s Last Name	Student’s First Name	M.I.	Student’s ID Number
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B. Did anyone in the household receive income from working or from other sources in 2020?

Source of Income	Amount Received During 2020	Name of Person who received this income.	Relationship to Student (Self, Parent. Etc.)
Earnings from work (submit copies of all W2’s, 1099’s, etc.)			
Unemployment Compensation (Submit 1099-G)			
Child Support			
Alimony			
Financial Aid (in excess of school expenses)			
Other			

C. Did anyone in the household receive any of the following types of public assistance in 2020?

Type of Benefit	Amount Received During 2020	Name of Person who received this income.	Relationship to Student (Self, Parent. Etc.)
SSI of Social Security			
AFDC/TANF			
SNAP/ Food Stamps			
WIC			
Free/Reduced Lunch			
Subsidized Housing (HUD, Section 8, etc.)			

D. Were you (or your spouse or your parent) incarcerated during 2020?

_____ No

_____ Yes – from _____ to _____ (Provide sources of income received in sections 1 and 2 for any period during 2020 during which you or your spouse were not incarcerated)

E. If you (and your spouse OR parents) were not employed and did not receive any untaxed income during 2020, but lived with individuals who provided support, you must indicate a dollar value to assess that support.

To do this, you will need to discuss the monthly expenses with the head of the household. Please do not leave blanks: If an item does not apply to you, enter 'N/A'.

Type of Expense	Monthly Amount	Name of Individual who pays this expense.	Relationship to student (Self, Parent. Etc.)
Housing (rent/mortgage)			
Utilities (electric, gas, water)			
Food			
Phone, Internet, Cable			
Medical, Dental			
Child Care			
Auto (car payment, insurance, maintenance, etc.)			
Transportation (gas, bus ticket, etc.)			
Other			
Total Monthly Expenses			

How many months did you reside in this household during 2020? _____

Is your name on the mortgage/lease agreement? Yes _____ No _____

How many adults (over the age of 18) lived in the household in 2020? _____

D. Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct.

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

Please note: Signature(s) must be handwritten (“wet” signatures). Electronic signatures, either typed or with a stylus, will not be accepted.

Student’s Signature

Date

Spouse’s Signature (Optional)

Date

Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to South Piedmont Community College Office of Financial Aid. You should make a copy of this worksheet for your records.

Please send all documents to: South Piedmont Community College Office of Financial Aid, 4205 Old Charlotte Highway, Monroe, NC 28110, or email them to finaid@spcc.edu. If you have any questions about completing this worksheet contact our office at 704-272-5300.