FINANCIAL AID OFFICE
ST. THOMAS AQUINAS COLLEGE
125 ROUTE 340 SPARKILL, NY 10976
PH: 845-398-4097 FAX: 845-398-4114
FINANCIALAID@STAC.EDU

Low Income Verification Form

On your Free Application for Federal Student Aid (FAFSA) the federal government indicated that the total income reported is not sufficient to meet basic living expenses. The purpose of this form is to assist the Financial Aid Office in the verification of how the basic needs of your household were met during the prior year.

Student's Name_____ Student's ID _____

Please specify if the form is being used to explain the income of an:

Independent Student OR Dependent Student (Please have parent provide their income information)

NOTE: This form will be considered incomplete and returned for completion if information is left blank or the form does not provide sufficient detail. If an item does not apply to you simply indicate "N/A".

A. If you are supported by family and friends, please provide an estimate of the total value of rent, food, utilities and miscellaneous bills that are provided for you by another person other than your parents. Cash support is support given either in the form of money or money that is paid on your behalf. (i.e. friend or relative gives you grocery money, or pays an electric bill or part of your rent)

Rent	Monthly Amount	$_____
Utilities	Monthly Amount	$_____
Food	Monthly Amount	$_____
Miscellaneous Bills	Monthly Amount	$_____
Cash Support Received	Monthly Amount	$_____
TOTAL		$_____

B. Other non-reported income/benefits. Please check all that apply.

Social security/SS Disability Income (*Please attach benefits statement*) Savings

Public Assistance Food Stamps Refunds from School Loans

C. *If none of the above categories apply to you, please explain how you supported yourself*:

_____

_____

_____

_____

_____

This form is not complete! **Save** and **print** the document. After printing, be sure that the student (and their parent if they are a Dependent student, or spouse if they are married), **BOTH sign** below, then **submit** form to the **Financial Aid Office** at ST THOMAS AQUINAS COLLEGE along with any other required documents.

D. Certification 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.

_____ _____
Student's Signature Date

_____ _____
Parent's/ Stepparent's/Spouse's Signature Date

Do not mail this worksheet to the U.S. Department of Education.