



CENTRAL PIEDMONT COMMUNITY COLLEGE

Financial Aid/VA Office  
 P.O. Box 35009  
 Charlotte, North Carolina 28235-5009  
 Telephone: (704) 330-6942  
 Fax: (704) 330-5053

**LOW INCOME VERIFICATION FORM  
 FOR INDEPENDENT STUDENTS WITH  
 DEPENDENTS OTHER THAN A  
 SPOUSE  
 2008-2009**

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_  
 Last First MI  
 Telephone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

The income that you reported for your 2008-2009 Student Aid Report (SAR) appears insufficient to support the number of people in your household. Please complete this form to clarify how you will support your family during the period of 2008-2009. Briefly explain how you will provide for such needs as housing, food, utility bills, and clothing. Please attach a separate sheet of paper if additional space is needed.

**Section A: Income 2008-2009**

Please submit documentation of income including W-2's, 1040 forms, most recent check stubs with a year-to-date summary, 1099's or a statement from your employer detailing your earnings.

Enter amount per month (you may need to project for July 1, 2008 – June 30, 2009)

Jul 2008	\$	Aug 2008	\$	Sept 2008	\$
Oct 2008	\$	Nov 2008	\$	Dec 2008	\$
Jan 2009	\$	Feb 2009	\$	Mar 2009	\$
Apr 2009	\$	May 2009	\$	Jun 2009	\$
<b>Yearly Total</b>					\$

**Section B: Expenses for 2008-2009**

Please provide copies of rental or mortgage agreements, utility bills, canceled checks for grocery purchases, and other documentation of expenditures.

Enter amount per month (attach a separate sheet of paper if additional space is needed)

Housing Status: ___ Rent ___ Own	\$
Utilities (average amount)	\$
Food (average amount)	\$
Recreation (average amount)	\$
Medical	\$
Auto maintenance (average amount)	\$
Major payments prorated (auto insurance, credit cards, etc....)	\$
Miscellaneous (specify)	\$
	\$
<b>Monthly Total</b>	\$

Note: If someone else is providing support for you and/or the child, please provide a notarized statement from the individual indicating how much they provide.

**Certification Statement:**

By signing this form, I certify under penalty of perjury that the information I have reported to qualify for federal student aid is complete and accurate. I understand that purposely giving false or misleading information is a federal offense that can result in fines and/or incarceration.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_