



Office of Student Financial Aid
 2400 Gillionville Road
 Albany GA 31707-3098
 Telephone 229-317-6746
 Fax 229-317-6607

LOW INCOME VERIFICATION FORM 2007 – 2008

NAME: _____ SSN/SCHOOL ID: _____

The Financial Aid Office at Darton College has received your application for financial aid for the 2007-2008 year. It appears as though your income for 2006 was unusually low. We must verify all of your income sources for 2006. Below please list your and/or your parents' 2006 **MONTHLY** income and expenses.

Parent & Student information if you are a Dependent Student Independent Students use only the Student column!!

	INCOME			EXPENSES	
	<u>Student</u>	<u>Parent</u>		<u>Student</u>	<u>Parent</u>
Wages	_____	_____	Housing	_____	_____
Child Support	_____	_____	Food	_____	_____
Unemployment Compensation	_____	_____	Clothing	_____	_____
Social Security	_____	_____	Utilities	_____	_____
Cash Support	_____	_____	Transportation	_____	_____
TANF (AFDC)	_____	_____	Medical	_____	_____
Other Untaxed Income	_____	_____	Other	_____	_____

If you indicate an amount for other untaxed income, please list the source of the income. Also, if you list an amount for other expenses, please detail the type of expense.

The financial aid office cannot process your application for financial aid until you respond to this letter. If you have any questions regarding your financial aid application, please contact our office 229 317-6746.

 Student signature

 Parent signature

 Date

 Date