



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

2011 – 2012 HOUSEHOLD INCOME STATEMENT

Student (and spouse if applicable OR
Student and Parents' (if age 24 and under)

NAME: \_\_\_\_\_
First M. Last

SS#/School ID#: \_\_\_\_\_

An unusually low or zero income was reported on your FAFSA. Before aid eligibility can be awarded, please explain in writing how you (parents/spouse) were financially supported, in addition to reported wages, and household expenses paid. Examples: parental assistance, part-time employment, child support, SSI, food stamps, TANF, WIC, etc.

Multiple horizontal lines for writing an explanation of income.

By signing this form, I (we) certify that all the information reported on this Household Income Statement is complete and correct. If dependent, at least one parent must sign. Warning: If you purposefully give false or misleading information on this Income Statement, you may be fined, sentenced to jail, or both.

Student's Signature

Parent's Signature

Student's Printed Name

Parent's Printed Name

Student's ID# or SS#

Date

The Financial Aid Office reserves the right to request additional documents if needed to confirm the data submitted on your FAFSA. MAKE SURE THE STUDENT'S NAME & DARTON ID OR SOCIAL SECURITY NUMBER ARE ON ALL DOCUMENTS.