



**INDEPENDENT  
LOW INCOME VERIFICATION FORM**

**STUDENT NAME** \_\_\_\_\_ **KCID/SSN:** \_\_\_\_\_

The 2009 income reported on the 2010-11 Free Application for Federal Student Aid (FAFSA) appears to be exceptionally low relative to your family size. Before we can continue to process your financial aid, we must verify this information.

Please complete the worksheet below by providing your income and expense information for the calendar year 2009. Attach any supporting documentation that you feel may provide a clearer picture of the information provided. **DO NOT LEAVE BLANKS.** Incomplete forms will be returned.

I/We filed a 2009 Federal Income Tax Return:  Yes  No \*\*If yes, please attach a signed copy of your 2009 1040's along with ALL schedules\*\* **Also include spouse's information, if married.**

| <b>Student's 2009 Annual Living Expenses:</b> | <b>Calendar Year 2009</b> | <b>Student's 2009 Annual Income &amp; Resources:</b>         | <b>Calendar Year 2009</b> |
|---|---------------------------|--|---------------------------|
| 1. Rent/Mortgage                              | \$ _____                  | 1. Earnings from Employment                                  | \$ _____                  |
| 2. Utilities                                  | \$ _____                  | 2. Child Support   | \$ _____                  |
| 3. Food                                       | \$ _____                  | 3. Food Stamps/WIC   | \$ _____                  |
| 4. Transportation<br>(gas, insurance, etc.)   | \$ _____                  | 4. Rent Assistance   | \$ _____                  |
| 5. Child Care                                 | \$ _____                  | 5. Unemployment Benefits                                     | \$ _____                  |
| 6. Medical/Dental                             | \$ _____                  | 6. Social Security/Disability                                | \$ _____                  |
| 7. Personal/Entertainment                     | \$ _____                  | 7. Housing, food, or other living<br>expenses paid by others | \$ _____                  |
| 8. Other (Specify)                            | \$ _____                  | 8. Financial Aid   | \$ _____                  |
| _____   | \$ _____                  | 9. Other (Specify)   | \$ _____                  |
| _____   | \$ _____                  | _____  | \$ _____                  |
| _____   | \$ _____                  | _____  | \$ _____                  |
| <b>TOTAL 2009 Student ANNUAL EXPENSES</b>     | \$ _____                  | <b>TOTAL 2009 Student ANNUAL INCOME</b>                      | \$ _____                  |

If the total **2009 Annual Living Expenses** are greater than the total **2009 Annual Income and Resources**, explain how the living expenses were paid.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STUDENT CERTIFICATION:** I understand that this information will be reviewed and I may be asked to provide additional documentation or clarification pertaining to my situation stated above. By signing this form I certify under penalty of perjury, that all the information reported to qualify for federal student assistance is complete and accurate.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

|   |
|---|
| <b>RETURN FORM TO:<br/>FINANCIAL AID OFFICE<br/>21193 MALTA ROAD<br/>MALTA, IL. 60150<br/>PHONE: 815-825-2086 EXT. 2240 FAX: 815-825-2968</b> |
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