



2009-2010 Dependent Low Income Verification Form

Student's Name: _____ **Student CWID/ SSN:** _____

The income you listed for your parent(s) 2009-2010 FAFSA appears unusually low. Verification is needed to show how your parent(s) were able to support themselves and their family in 2008. Please complete the information below and return this form to the Financial Aid Office. This form must be completed and returned to the Financial Aid Office before we can continue processing your application.

UNTAXED INCOME – calendar year 2008

Did your parent live outside the U.S. in 2008? YES NO

If yes, please convert their total foreign earned income in 2008 to U.S. dollars: \$ _____

Did your parent receive any of the following in 2008? If yes, please list the monthly amounts and number of months received.

Yes	No	Source	Monthly Amount	Number of Months Received in 2008
		Child Support	\$	
		Social Security	\$	
		TANF	\$	
		Severance Pay	\$	
		Other (please list):	\$	

*** IF NONE OF THE ABOVE APPLY TO YOU, PLEASE COMPLETE THE FOLLOWING SECTIONS.**

HOUSING- calendar year 2008

- My parent lived with a family member or friend rent-free. The rent/mortgage was not in my parent's name.
- My parent received subsidized housing in 2008. (Section 8, HUD voucher, etc.)
- Other (please attach additional information)

FOOD- calendar year 2008

- My parent lived rent-free with a family member or friend who provided them food.
- My parent received food stamps in 2008.
- Other (please attach additional information)

OTHER- calendar year 2008	Monthly Amount	Number of Months Received in 2008	Source (Person/Relationship) Supplying Money/Benefits
Car Payment	\$		
Car Insurance	\$		
Gas/Transportation	\$		
Medical/Dental	\$		
School Expenses (tuition, books, supplies, etc.)	\$		
Daycare Expenses	\$		
Clothing	\$		
Cell Phone	\$		
Cash/ In Kind Support **	\$		

****Given in goods, commodities and/or services rather than money.**

By signing this form, I/we certify that all of the information reported to qualify for Federal student aid is complete and correct. This verification documentation supersedes any previous forms completed. (At least one parent must sign).

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

City Park Campus
615 City Park Ave.
New Orleans, LA 70119
(504) 671-5040
(504) 483-4289 Fax

Slidell Learning Center
320 Howze Beach Road
Slidell, LA 70461
(504) 671-6614
(985) 646-6465 Fax

Westbank Campus
2600 General Meyer Ave.
New Orleans, LA 70114
(504) 762-3100
(504) 361-6257 Fax

Charity School of Nursing
450 S. Claiborne Ave.
New Orleans, LA 70112
(504) 571-1335/1336
(504) 571-1412 Fax

Covington
317 N. Jefferson Ave.
Covington, LA 70433
(504) 671-6617
(985) 893-6316 Fax