



2009-2010 Independent Low Income Verification Form

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

The income you listed on your 2009-2010 FAFSA appears unusually low. We need to verify how you were able to support yourself (and/or spouse and 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 you 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 you 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

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

FOOD- calendar year 2008

- I lived rent-free with a family member or friend who provided my food.
- I 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. If married, spouse's signature is optional.

Student Signature: _____ Date: _____

Spouse 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) 571-1412Fax

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