

Florida Gateway College
Office of Financial Aid
Low Income Verification Worksheet

Student's Name _____ ID # _____

- ❖ Are you independent? Yes or No (Please circle the correct choice)
- ❖ Dependent Student? Yes or No (please circle the correct choice)

Because you have reported a total family income which appears to be unusually low, we are asking for additional documentation to verify how your family expenses were paid for the calendar year reported on your Financial Aid Application. Please answer the questions below accurately as possible. If you are dependent, answer questions about your parent's income and expenses, and be sure to include your parent's signatures on this form.

1. Yearly rent or mortgage payments: \$ _____
 - Source Of payments: _____
2. Food \$ _____
 - Source of payment: _____
3. Utilities: (light, telephone, water, etc.) \$ _____
 - Source of payments: _____
4. Transportation: (car payments, insurance, gas, etc.) \$ _____
 - Source of payments: _____
5. Other expenses (taxes, insurance, personal, etc.) \$ _____
 - Source of payments: _____

If you report a zero (0) amount in any of the above, please explain. Your financial aid award or any additional awards, will not be processed until we have received the information requested above.

Certification: All of the information on this form is true and correct to the best of my knowledge. If asked by authorized official, I agree to give proof of the information that I have given on this form.

_____	_____	(____)_____ - _____
Student's Signature	Date	Phone Number

_____	_____	(____)_____ - _____
Spouse Signature	Date	Phone Number

_____	_____	(____)_____ - _____
Parent Signature	Date	Phone Number

RETURN THIS FORM TO: Florida Gateway College- Financial Aid
149 SE College Place
Lake City, Florida 32025-2007