

North Carolina A&T State University
Low Income Statement
(Parent)

Student Name: _____ **ID #:** _____

Federal guidelines require that our office verify income information reported on the FAFSA. According to the information reported on the Student Aid Report your (or your family) income for the prior calendar year was low, which appears insufficient to support you and/or your family. Please complete this form and return it to our office so that we can ascertain how you supported yourself (and dependents, if applicable). We need you to provide adequate details regarding each question. If additional space is needed, you may use the back of this form or attach another page.

Parent's Information

1. Explain how you (parent) supported your family during the previous calendar year. This should include how you paid for food, clothing, and shelter:

2. How will you (parent) meet the living expenses for the current year?

3. What are your (parent) monthly costs for the following: Food \$_____ Housing \$_____
Child Care \$_____ Utilities \$_____ Personal \$_____ Medical/Dental \$_____

4. How are the above expenses paid? **Please list the monthly amount.**

5. Did you (parent) receive any financial assistance from any source including government agencies? **If so, list the source and monthly amount of assistance.**

6. Did anyone help you (parent) pay bills or expenses? **If so, list the source and monthly amount of assistance.**

Certification – Read carefully before you sign.

I hereby certify that all information contain in this document, including my documentation is true and complete. I affirm that I have not knowingly provided any false statements or fraudulent documentation. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my budget increase will be denied and my eligibility for Federal and State student aid jeopardized. **Note:** Federal regulations stipulate that evidence of fraud must be reported to the U.S. Department of Education for possible investigation by the Office of the Inspector General and possible prosecution by the United State Attorney.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

Please mail document to: North Carolina A&T State University
Student Financial Aid Office
1601 East Market Street
Greensboro, NC 27411
Fax# 336 334-7954