

incarceration.

faf2122112 Rev. 11/19/2020

LOUISIANA TECH UNIVERSITY

Office of Financial Aid 2021-2022 Verification of Low Income

Please return this form to:

Louisiana Tech University Office of Financial Aid P.O. Box 7925, Ruston, LA 71272 techaid@latech.edu

STUDENT'S Last Name	First Name	M.I.	STUDENT'S CWID# or SSN#
STUDENT'S Local Address (in	nclude apt. no.)		STUDENT'S Date of Birth (MM/DD/Y
City	State	Zip Code	STUDENT'S Phone No. (include area
nplete this form and return it to the Fir h verifying the support and income yo ase provide a clear and legible respons estion blank, this will delay the process	nancial Aid Office. Your ans ou received in 2019. se to <u>ALL</u> of the following q sing of the student's financia cial aid (work study, grant	wers will assist Lo uestions. If you fai al aid application.	n reported on the FASFA be verified. Please uisiana Tech University Financial Aid Adminis to answer all questions, indicate \$0 or leave Please be advised Financial Aid is not incoor scholarships) is the source of support
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and accurate. I understand that purposely giving false or misleading information is a federal offense that can result in fines and/or

Date

Parent Signature

Date

Student Signature