

STUDENT'S Last Name

LOUISIANA TECH UNIVERSITY Office of Financial Aid

First Name

Verification of Low Income 2022-2023

Please return this completed form to: Louisiana Tech University Office of Financial Aid PO Box 7925 Ruston, LA 71272

STUDENT'S CWID or SSN

Yes

Food Stamps

No

Relative

Parent

Friend

Spouse

Other

STUDENT'S Mailing Address (include Apt. No.)			STUDENT'S Date of Birth (MM/DD/YYYY)		
City	State	Zip Code	STUDENT'S Home Phone (Include area code)		
STUDENT'S Email Address			STUDENT'S Cell Phone (Include area code)		
The income you reported as received in the calendar year 2021 on the FAFSA was low, and appears to be insufficient to support you and/or your family. Federal guidelines require that low income information reported on the FAFSA be verified. Please complete this form and return it to the Office of Financial Aid. Your answers will assist Louisiana Tech University Office of Financial Aid Administrators with verifying the support and income you received in 2021. Please provide a clear and legible response to <u>ALL</u> of the following questions. If you fail to answer all questions, indicate \$0, or leave any question blank, this will delay the processing of the student's financial aid application. <u>Please be ad-</u>					
-			ome. If financial aid (work study, grants, student		
loans, or scholarships) is the so	urce of support	reported on this	s form, please check "Other" on Question 3.		
The person completing this form	is the: Stude	ent Parent			

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If Other, indicate source of income if not listed above

3. What was the source of the income received?

(NOTE: Check "Student" for Independent status, or "Parent" for Dependent status)

2. Did you receive financial support or income from any source(s) in 2021?

4. From January 2021 to December 2021, with whom did you live? (Exclude campus living & expenses) Check all that apply.

Employment

Social Security Benefits

Parent Spouse Other Relative Friends

This information should be reported based on the student's permanent household.

Do not leave fields blank or list zero (\$0) dollar amounts

List yearly expenses for each category in 2021 (exclude campus living)	Amount	Paid by (Name) and Relationship to Student
5. Room/Rent/Mortgage	\$	
6. Food/Meals	\$	
7. Utilities - includes electricity, gas, water, garbage	\$	
8. Personal Expenses (clothing, bills, auto, medical, childcare, cell phone, cable, internet, etc.)	\$	
9. Total Amount of Expenses in 2021 (add items 5-7)	\$	

By signing this form, I certify under penalty of perjury, that the information I have reported to qualify for federal student aid is complete and accurate. I understand that purposely giving false or misleading information is a federal offense that can result in fines and/or incarceration.

Student		Parent	
Signature:	Date:	Signature:	Date:

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