



**LOUISIANA TECH UNIVERSITY
Office of Financial Aid**

Verification of Low Income 2023-2024

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

STUDENT'S Last Name First Name MI STUDENT'S CWID or SSN

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 **ALL** 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. **Please be advised that Financial Aid is not income and cannot be used as income. If financial aid (work study, grants, student loans, or scholarships) is the source of support reported on this form, please check "Other" on Question 3.**

- The person completing this form is the: Student Parent
(NOTE: Check "Student" for Independent status, or "Parent" for Dependent status)
- Did you receive financial support or income from any source(s) in 2021? Yes No
- What was the source of the income received? Employment Food Stamps Parent Spouse
Social Security Benefits Relative Friend Other
If Other, indicate source of income if not listed above
- From January 2021 to December 2021, with whom did you live? (**Exclude** campus living & expenses) Check all that apply.
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 Signature: Date: Parent Signature: Date: