

**2020-2021  
Low Income Verification Form  
Independent Student**



Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

After reviewing the documentation you provided it appears we will need additional information from you in order to better determine your financial situation and federal aid eligibility. Please complete, sign, and return the information below.

**If a particular box does not pertain to your financial situation please place a “0” in the box provided.  
Do not leave any sections blank.**

**Monthly Living Expenses for 2018**

**Student (and spouse)**

Home Mortgage or Rent	\$
Utilities	\$
Food and Clothing Expenses	\$
Education/Tuition Payments	\$
Transportation, Auto Payments, and Gas	\$
Medical, Personal, Other (please specify)	\$
<b>Total Monthly Expenses</b>	\$

**Monthly Income for 2018**

**Student (and spouse)**

Income Earned from Work	\$
Child Support Received for all Children	\$
Alimony	\$
AFDC, Public Assistance, Section 8, or SNAP	\$
Social Security Income or SSI	\$
Veteran’s Non-Education Benefits	\$
Unemployment Compensation	\$
Disability Benefits	\$
Pension or Retirement Distributions	\$
Workers’ Compensation Benefits	\$
Loans, bills paid on your behalf, financial support from others, gifts or cash support from others (please specify):	\$
Housing/Food or Other Living Allowances (military, clergy, teachers)	\$
Other (please specify):	\$
<b>Total Monthly Income</b>	\$

Your average monthly expenses from “Monthly Living Expenses for 2018” should be **LESS than or EQUAL** to your “Monthly Income for 2018”. **IF NOT**, you must attach an explanation and documentation of how you meet your average monthly expenses to this form.

*I certify that all of the information reported above is complete and accurate.*

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

*Without this requested information, we will be unable to process your financial aid for the upcoming academic year.*

Return completed form, along with any other pertinent documents to:  
**Financial Aid Office · 3325 Marvin Sands Drive · Canandaigua, NY 14424**  
 Fax: 585-394-0635 Email: [aid@flcc.edu](mailto:aid@flcc.edu)  
 If submitting in person, please go to the One Stop Center 585-785-1000