



2013-2014
Low Income Verification

PTC ID: _____ Name: _____

_____ DEPENDENT STUDENT
(Parent must complete)

_____ INDEPENDENT STUDENT
(Student must complete)

I (or my family) reported an unusually low income or no income on my FAFSA. My living expenses for 2012 were covered by:

_____ A friend or relative allowed my family to live with them rent free.

_____ I (or my family) received Federal Assistance in 2012 from one or more of the following programs/agencies:

Check all that apply:

- _____ SNAP _____ SSI _____ HUD _____ Medicaid/Medicare
_____ TANF _____ Student Aid _____ Other (Please explain: _____)

Certification: I hereby declare that all information reported on this document is true, complete and accurate to the best of my knowledge. I understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____
(if student is dependent)