



2011-2012
Low Income Verification Form

The Office of Financial Aid
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New Britain, CT 06053
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The results of your Free Application for Financial Aid (FAFSA) indicate that you reported little or no income for 2010. Please complete the following information for the Office of Financial Aid and answer all questions on the form. If a line item does not have a value associated with it enter a "0" value. The Office of Financial Aid cannot assume a "0" value for items that are left blank.

2010 SOURCES OF INCOME

Nontaxable Income Received in 2010:

Income From Work (if no tax return will be filed) \$ \_\_\_\_\_
\*If you were not required to file a federal tax return and have w-2 wages, please submit a copy of your 2010 W-2 forms(s) along with this document.

Child Support Received for all Children:
\$ \_\_\_\_\_ per month x 12 months= \$ \_\_\_\_\_

Food Stamp Benefits Received in 2010: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Free/Reduced Price Lunch Benefits Received in 2010: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Temporary Assistance for Needy Families (TANF): Yes: \_\_\_\_\_ No: \_\_\_\_\_

Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Yes: \_\_\_\_\_ No: \_\_\_\_\_

Untaxed Social Security Benefits for Yourself and other Household Members: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Other Untaxed Income for Yourself or other Household Members (such as Workers Compensation or Disability)
\$ \_\_\_\_\_ per month x 12 months= \$ \_\_\_\_\_

Money Received or Paid on your Behalf: (Monetary Gifts, Bills Paid on your Behalf, etc.)
\$ \_\_\_\_\_ per month x 12 months= \$ \_\_\_\_\_

The information that I have provided is for calendar year 2010. I understand that I may be required to provide additional document of 2010 income, from various sources, if requested by the Office of Financial Aid.

Students Name (Printed)

Students Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID Number: \_\_\_\_\_