

Mayland Community College LOW INCOME VERIFICATION FORM

Name of Student: _____

SS# / ID# _____ Date of Birth _____

Address: _____ Date: _____

If you indicated that your total income and benefits for 2008 were less than \$8,000, please explain how you paid the following expenses. If you did not pay for these expenses, please explain how they were paid.

Food Expenses: _____

Housing: _____

Transportation: _____

Personal and Miscellaneous: _____

INCOME (Annual Amounts)

Wages _____ Workers Compensation _____

Child Support Paid _____ Other: specify _____

Child Support Received _____

Cash received from other people or bills paid by others for you. (Examples: medical expenses, transportation, insurance, recreation, clothing, child care.)

Please provide the following signatures; each person signing this form certifies that all the information on it is complete and correct.

Student Signature: _____ **Parent Signature:** _____

Return this form to:

Mayland Community College
Office of Financial Aid
200 Mayland Drive
Spruce Pine, North Carolina 28777
Phone: 828-765-7351 Ext. 223 or Ext.225

Revised PE