



Financial Aid Office
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FA LOWINC

LOW INCOME VERIFICATION

Use this form to explain the low income reported by you and/or your parent(s) on your 2009-2010 FAFSA.

Name: _____ UA ID#: _____
 (please print clearly)

Phone Number: _____ Email: _____

Please list your income during calendar year 2008:

	Student	Parent(s) of DEPENDENT student	Spouse of MARRIED student
Wages	\$_____ per _____	\$_____ per _____	\$_____ per _____
Worker's Comp or Unemployment	\$_____ per _____	\$_____ per _____	\$_____ per _____
Social Security	\$_____ per _____	\$_____ per _____	\$_____ per _____
SSI/SSDI	\$_____ per _____	\$_____ per _____	\$_____ per _____
Public Assistance	\$_____ per _____	\$_____ per _____	\$_____ per _____
Alaska PFD	\$_____ per _____	\$_____ per _____	\$_____ per _____
Financial Aid	\$_____ per _____	\$_____ per _____	\$_____ per _____
Other/Miscellaneous	\$_____ per _____	\$_____ per _____	\$_____ per _____

If you filed a 2008 tax return, please attach a signed copy.

Please list your expenses and how they were paid during 2008:

	STUDENT		PARENT(S)		SPOUSE	
	Amount	Source	Amount	Source	Amount	Source
Food	_____	_____	_____	_____	_____	_____
Housing	_____	_____	_____	_____	_____	_____
Transportation	_____	_____	_____	_____	_____	_____
Personal/Other	_____	_____	_____	_____	_____	_____

 Student Signature

 Printed Name

 Date

 Parent Signature

 Printed Name

 Date