SFSC Financial Aid Office

Independent Low Income Verification

Aid Year: _____

Student's Name: _____ Student's SFSC ID Number: _____

Date of Birth: _____

On your Free Application for Federal Student Aid, you either did not provide income information or you provided income information that seems unusually low.

Using this form, please indicate how you provided for yourself (and your family if applicable). If an agency or family/ friend provided assistance to you, then please identify who is helping you (or helped you last year) and how much they are providing to you (or provided for you last year) on a **monthly basis**.

_____

_____

_____

If you are not receiving cash benefits, then please indicate the amount of **monthly assistance** you are receiving for the following items. *(For example, if your friend or family member pays $600 in rent and there are four people living in the apartment, including you, then your share of the of the rent that being paid on your behalf would be $150 per month)* ***Some items may not apply***.

Rent/Mortgage	$_____	Received from:_____
Utilities (power & water)	$_____	Received from:_____
Food	$_____	Received from:_____
Transportation (Auto)	$_____	Received from:_____
Household	$_____	Received from:_____
Other_____(Specify)	$_____	Received from:_____
Other_____(Specify)	$_____	Received from:_____
Total	$_____	

Student's Signature _____ Date_____

Please submit all documents to:
South Florida State College
Financial Aid Office, Bldg. B-168
600 W. College Drive, Avon Park, FL 33825

Revised: 3/6/17, JAD