



Iona College
 Student Financial Services
 715 North Avenue
 New Rochelle, NY 10801
 Phone: 914-633-2497
 Fax: 914-633-2486/2096
www.iona.edu/sfs

2011-2012 Low Income Verification Form

The income that you or your parents reported on your Free Application for Federal Student Aid (FAFSA) appears unusually low. Complete this form and submit it to the Financial Aid Office to verify how your 2010 expenses were met. Please note that we cannot continue to process your aid until we receive this completed form.

<i>Please Print Clearly</i>	
Student Name: _____	
Student ID#: _____	Social Security #: _____
Address: _____	
Daytime Phone: _____	Cell Phone: _____

PLEASE FILL IN EVERY SPACE-USE "0" IF AN ITEM DOES NOT APPLY TO YOU, YOUR SPOUSE, OR YOUR DEPENDENTS.

Parent	2010 EXPENSES	Student/Spouse	Parent	2010 INCOME	Student/Spouse
\$ _____	Housing	\$ _____	\$ _____	Income from work (attach W-2)	\$ _____
\$ _____	Utilities	\$ _____	\$ _____	Social Security Benefits	\$ _____
\$ _____	Food	\$ _____	\$ _____	Child Support	\$ _____
\$ _____	Car Loan	\$ _____	\$ _____	Alimony/Separation Maintenance	\$ _____
\$ _____	Car Insurance	\$ _____	\$ _____	Welfare Benefits (AFDC/ADC or TANF)	\$ _____
\$ _____	Gas/Maintenance	\$ _____	\$ _____	Food Stamps/WIC	\$ _____
\$ _____	Public Transportation	\$ _____	\$ _____	Veterans Benefit	\$ _____
\$ _____	Medical/Dental	\$ _____	\$ _____	Unemployment Compensation	\$ _____
\$ _____	Health Insurance	\$ _____	\$ _____	Disability Benefits	\$ _____
\$ _____	Daycare	\$ _____	\$ _____	Pensions or Retirement Benefits	\$ _____
\$ _____	Clothing	\$ _____	\$ _____	Worker's Compensation	\$ _____
\$ _____	Recreation	\$ _____	\$ _____	Housing/Food/Other living allowances from military, church, family, friends, etc.	\$ _____
\$ _____	Other (specify)	\$ _____	\$ _____	Money paid on your behalf towards living or educational expenses	\$ _____
			\$ _____	Other (specify)	\$ _____
\$ _____	TOTAL EXPENSES FOR 2010	\$ _____	\$ _____	TOTAL INCOME FOR 2010	\$ _____

*If your total 2010 income is less than your total 2010 expenses, attach an explanation.

*Attach all documentation where applicable (i.e. W-2 form, SSI Statement, etc.)

*Please return completed form signed within two weeks to the above address or fax number.

DECLARATION OF CERTIFICATION: Upon signing this form, I/We certify that all information reported is complete and correct to the best of my ability, and that I have attached the above documentation, if applicable. I/We understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid and may subject the financial aid recipient to a fine, imprisonment, or both under provision of the U.S. Criminal Code.

Student Signature _____

Date_____

Parent/Spouse Signature_____

Date_____