Student Financial Aid

A Department of Central Piedmont Community College

LOW INCOME/NON-FILER VERIFICATION FORM 2013-2014

Student ID Number: _____

The Federal Government is questioning how you and your spouse's financial needs were met for this past academic year. If you/your spouse were employed, or received a form of untaxed income, please indicate the type of income and the total amount received for 2012. ***Please complete a Low Income Verification Form for each spouse in the household who did not file taxes for tax year 2012.***

Complete ONE (1) of the sections below AND page 2. **Student/Spouse's Name:** _____

SECTION 1:

_____ Source of Income **Earned From Working (Wages)** — **$**_____ Annual Amount

_____ Source of **Untaxed** Income — **$**_____ Annual Amount

OR SECTION 2:

If you were **not employed** or **did not receive** any untaxed income, but reside with individuals who support you, please indicate a dollar value you would assess to that support. ***To do this you will need to go over the monthly expenses with the homeowner.***

Name of Homeowner			
Relationship to you		Number of people residing in household	
Expenses to consider are as follows:			
Rent/ Mortgage	$	Gas	$
Electric	$	Phone	$
Car Payment	$	Car Maintenance	$
Clothing	$	Credit Cards	$
Insurance Premiums	$	Furniture	$
Child Support Paid	$	Other Misc.	$
Water	$	Medical/Dental	$
Food	$	Child Card	$
Personal Expenses	$		
Total Amount of Column	$	Total Amount of Column	$

Example:

The amounts shown in an example will be used to complete the monthly assistance box. Your amounts will vary according to the assistance provided by your head of household.

Rent/ Mortgage	$ 500	Gas	$
Electric	$ 75	Phone	$
Car Payment	$ 200	Car Maintenance	$
Clothing	$	Credit Cards	$
Insurance Premiums	$	Furniture	$
Child Support Paid	$	Other Misc.	$ 300
Water	$ 75	Medical/Dental	$
Food	$ 500	Child Card	$
Personal Expenses	$		
Total Amount of Column	$ 1350	Total Amount of Column	$ 300

Use this box to total your **Monthly Assistance **
→→→→→→→→→→

Total Monthly Expenses	$
# months you resided in the home	X
Total Yearly Expenses	=$
(Divided by) # in Household	/
Total Support Provided	=$

Total Monthly Expenses	$1,650.00
# months you resided in the Household	$ 12.00
Total Yearly Expenses	=$ 19,800.00
Divided by # in Household	/ 5.00
Total Support Provided	=$ 3960.00

OR Section 3: I was incarcerated during 2012 beginning _____ (Month) 2012 and ending _____ (Month) 2012.

Please provide taxable and non-taxable income for any portion of the year 2012 you were not incarcerated:

Total Taxable income $_____ Source: _____

Total Non-taxable income $_____ Source: _____

Warning: According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to $20,000 or imprisonment for up to 5 years, or both.

Financial Aid/Veteran's Affairs – Central Piedmont Community College – PO Box 35009 – Charlotte, NC 28235-5009
Telephone: (704) 330-6942 Fax: (704) 330-5053

Student Name: _____ **Student ID Number:** _____

List the place(s) of employment and total amount earned by the non-filer in 2012 (provide W2 if applicable).

_____ $_____
_____ $_____
_____ $_____

List the total amount received in 2012 from the following:

Disabilities ☐ SSDI ☐ Other $_____
Social Security Benefits $_____
Unemployment Benefits $_____
Alimony $_____
Child Support $_____
Other (please specify): _____ $_____

Where did you (the non-filer) live in 2012? (Please check one)

☐ My own home/apartment ☐ Other (please specify, i.e. with friends, family, etc.)

_____

Did you have any bills <u>in your name</u> in 2012? ☐ **Yes** ☐ **No**

Were any bills <u>in your name</u> paid for you by someone else or an organization? ☐ **Yes** ☐ **No**
If yes, list each bill and the amount paid <u>for the year</u> and who paid the bill. ***Please include any payments received from any crisis assistance organizations.***

Did you or anyone in your household receive any of the following benefits in 2012?

☐SNAP (Food Stamps) ☐WIC ☐Medicaid ☐Public Housing

☐TANF (Work First) ☐Utility Check Payment

☐ **I certify that I am not required to file, I have not filed and will not file a 2012 Federal IRS Form 1040, 1040A, 1040EZ, 1040-TEL or a tax return for Puerto Rico or for a foreign country.**

Student Signature: _____ **Date:** _____

Spouse Signature: _____ **Date:** _____

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