

Office of Financial Aid • P.O. Box 800900 • Toccoa Falls, GA 30598 www.tfc.edu • finaid@tfc.edu • (706) 886-7299 x5435 • (706) 282-6041 fax

STUDENT LOW INCOME STATEMENT

The Federal Government requires colleges to check the accuracy of the information you provided on your Free Application for Federal Student Aid (FAFSA). This process is called verification. You must complete the verification process before the Office of Financial Aid can establish your eligibility for assistance. You must return the information requested on this form in order to be considered for federal financial aid.

First

Social Security #:____

M.I.

Student Name: _____

TFC ID #:_____

Telephone #:		Email:
Please explain below how you met your basic living expenses last year.		
Expenses	Monthly Average Amount Prior Year	What was the source of income used to pay these expenses?
Rent/Mortgage		
Food		
Utilities		
Transportation		
Personal Expenses		
Other		
Certification: I certify that the information provided on this form is true and complete to the best of my knowledge.		
Student Signature	e:	Date:
Low Income Statement/2007		