

TOCCOA FALLS COLLEGE



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

PARENT 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.

Student Name: _____
Last First M.I.

TFC ID #: _____ Social Security #: _____

Telephone #: _____ Email: _____

Please explain below how your parent(s) met their basic living expenses during 2007.

Expenses	Monthly Average Amount During 2007	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.

(One of the parents of the dependent student is required to sign this certification. If parents are divorced or separated, the parent who originally provided information on the FAFSA is required to sign this form.)

Parent Signature: _____ Date: _____