

# Low Income Verification Form

## Office of Financial Aid

**Student Name** \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Social Security #    -   -

Address \_\_\_\_\_ Date \_\_\_\_\_

If you indicated that your total income and benefits for 2009 were less than \$8,000, please explain how you paid the following expenses. If you did not pay for these expenses, please explain how they were paid.

Food Expenses \_\_\_\_\_

\_\_\_\_\_

Housing \_\_\_\_\_

\_\_\_\_\_

Transportation \_\_\_\_\_

\_\_\_\_\_

Personal and Miscellaneous \_\_\_\_\_

\_\_\_\_\_

### Income (Annual Amounts)

Wages \_\_\_\_\_

Earned Income Credit \_\_\_\_\_

Permanent Fund \_\_\_\_\_

Social Security \_\_\_\_\_

Value of Free Housing \_\_\_\_\_

Food Stamps  Yes  No

Workers' Compensation \_\_\_\_\_

Unemployment \_\_\_\_\_

Other / Miscellaneous \_\_\_\_\_

Value of Free Food \_\_\_\_\_

Please provide the following signatures:

Student Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_

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**Barton College**

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Please complete and return this form to: Barton College • Office of Financial Aid • Box 5000 • Wilson, NC 27893-7000  
Phone (800) 789-1189 • 02/2010 revised