



Parent Verification of Low /Zero Income 11-12
 Volunteer State Community College
 Office of Financial Aid
 1480 Nashville Pike, Gallatin, TN 37066
 Phone (615)230-3456 Fax (615)230-3487

Student Name _____ Vol State ID V _____

You are receiving this verification request because the income reported for your parents on your FAFSA is below the federal estimate of the annual cost of living for 2010. In the boxes provided below, please itemize the sources of income and expenses for your parents during 2010. Once completed and signed, return this form to the Financial Aid Office. Your aid will not be process until documentation has been received and evaluated.

Be sure to fill in each box even if the answer is 'zero' or 'n/a'.

Monthly Living Expenses for 2010		
Expenses	Amount Per Month	Source for Payment
Rent/Mortgage	\$	
Utilities (heat, electricity, water, phone, cell phone, etc.)	\$	
Food (do not include food stamps)	\$	
Transportation (gas, car payment, car insurance, maintenance, etc.)	\$	
Insurance (medical, life, etc.)	\$	
Loan payments, credit card payments, etc.	\$	
Vacation/Entertainment/Recreation	\$	
Total Monthly Expenses	\$	
Total Yearly Expenses (monthly expenses x 12)	\$	

Additional comments:

I certify that the information provided on this is true and complete to the best of my ability. I understand that if I purposely give false or misleading information, I may be **finned up to \$20,000, or sent to prison or both.**

Parent Signature: _____ **Date:** _____