

Date Received: _____

Received By: _____

PARENT NON-FILER/LOW INCOME FORM

2011-12

The Financial Aid Office is required, by Federal guidelines to verify income information reported on the FAFSA. After reviewing your Student Aid Report, we need additional information about your income. Please complete this form with accurate and complete answers and return it to our office so that we can complete your financial aid file. **(Please use black ink. If additional space is needed, you may attach another page.)**

Student Name _____ ID# _____ Phone () _____

Mother's Name: _____ Phone () _____

Street Address: _____

City: _____ State: _____ Zip: _____

Father's Name: _____ Phone () _____

Street Address: _____

City: _____ State: _____ Zip: _____

____ I (we) did not and will not file a Federal Income Tax Return, IRS Form 1040, 1040A or 1040EZ for 2010 because I was (we were) not required to do. ****PLEASE NOTE:** *If FDTC determines additional documentation is needed, I (we) agree to request official confirmation from the Internal Revenue Service.*

I (we) did not file a tax return for the following reason (check one):

- Received no taxable income
- Taxable income received was less than the amount required for filing a tax return.
- Other (explain) _____

____ I (we) were required to file a Federal Tax Return for 2010. I am submitting a signed copy with this form.

Indicate total yearly income amounts earned or received by the parent (and spouse if applicable) from January 1 to December 31, 2010. Please complete all entries, indicate "0" or "n/a" where appropriate.

PARENT(s): List the total income earned (from work) by you (and your spouse) in 2010 (include business income if self-employed and attach copies of all 2010 W2s) \$ _____

PARENT(s): What are your **annual** costs for the following? (Indicate how and who pays for each, in last column)

Food	Monthly = \$	Per Year (x12) = \$	Paid how and/or by who
Rent/Mortgage	Monthly = \$	Per Year (x12) = \$	Paid how and/or by who
Utilities	Monthly = \$	Per Year (x12) = \$	Paid how and/or by who
Transportation (car pymt/ins/gas/maintenance/other)	Monthly = \$	Per Year (x12) = \$	Paid how and/or by who
Child Care	Monthly = \$	Per Year (x12) = \$	Paid how and/or by who
Personal (clothing/medical/dental/etc)	Monthly = \$	Per Year (x12) = \$	Paid how and/or by who
Other (Specify)	Monthly = \$	Per Year (x12) = \$	Paid how and/or by who

PARENT(s): Please indicate the following in monthly amounts:

- Social Security Benefits (SSI, Disability or Retirement) received by parent and/or spouse \$ _____
- Welfare benefits, including Temporary Assistance for Needy Families (TANF) received \$ _____
- Child support received by parent for any dependent \$ _____
- Alimony/spousal support received \$ _____
- Unemployment compensation \$ _____
- Workers Compensation and or disability benefits \$ _____
- Veteran non-education benefits \$ _____
- Other income \$ _____ Type _____

Certification – Read carefully before you sign.

I (we) hereby certify that all information contained in this document, including any attached documentation, is true and complete. I (we) affirm that I (we) have not knowingly provided any false statements or fraudulent documentation. I (we) understand that if I (we) am (are) found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my (our) eligibility for Federal and State student aid will be jeopardized. **Note:** Federal regulations stipulate that evidence of fraud must be reported to the U.S. Department of Education for possible investigation by the Office of the Inspector General and possible prosecution by the United States Attorney’s Office.

Signatures are required for all persons reporting income and information.

Student’s Signature _____ Date _____

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Return to: Florence-Darlington Technical College
 Financial Aid Office
 P.O. Box 100548
 Florence, SC 29502-0548