

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

**STUDENT 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.)***

Name \_\_\_\_\_ ID# \_\_\_\_\_ Phone ( ) \_\_\_\_\_

\_\_\_\_ 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 was (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 student (and spouse if applicable) from January 1 to December 31, 2010. Please complete all entries, indicate "0" or "n/a" where appropriate. Do not report your parents' income on this form.

- Will be claimed as a dependent on your parents' 2010 federal tax return?
- I do have dependent child/children whom I provide more than half of their support.

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) \$ \_\_\_\_\_

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

Please indicate the following in monthly amounts:

- Social Security Benefits (SSI, Disability or Retirement) received by student and/or spouse \$ \_\_\_\_\_
- Welfare benefits, including Temporary Assistance for Needy Families (TANF) received \$ \_\_\_\_\_
- Child support received for any dependent (applies to independent students only) \$ \_\_\_\_\_
- Alimony/spousal support received (applies to independent students only) \$ \_\_\_\_\_
- 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/information.***

Student’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse’s Signature \_\_\_\_\_ Date \_\_\_\_\_

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