



2012 – 2013 Low Income Form

The information reported on your FAFSA, for you (or your family) income for the 2011 tax year appears to be insufficient to support you and/or your family. By Federal guidelines our office is required to verify low income information reported on your FAFSA.

Name: _____ HGTC Student ID: _____ Phone: _____

Parents:

- If your 2011 **taxable** income is more than:
 - \$3,700 and you are married filing separately, *or*
 - \$9,500 and you are single, *or* 12,200 if you have a dependent, *or*
 - \$19,000 and you are married,
- Then you are required to file a federal tax return and you would not be able to use this form.

Students:

- If your 2011 **taxable** income is more than:
 - \$3,700 if you are married filing separately,
 - \$5,800 if you are single and claimed by your parent, *or* \$12,200 if you have a dependent, *or*
 - \$9,500 you are single and not claimed as a dependent on your parents' tax return, *or*
 - \$19,000 if you are married,
- Then you are required to file a federal tax return.

***If none of the above applies to you, please complete this form ***

Indicate total **YEARLY** income amounts earned or received by student (and spouse if applicable) and/or Parent(s) for January 1, 2011 to December 31, 2011. Please complete all entries, indicating "0" or "n/a" where appropriate.

Source ***Must provide documentation for all sources***	Student/Spouse (if student is independent)	Parent (if student is dependent)
All 2011 Work Income	\$ _____ per year	\$ _____ per year
Social Security Benefits (include benefits for all members of the household)	\$ _____ per year	\$ _____ per year
AFDC/TANF/HUD Subsidized Housing Program	\$ _____ per year	\$ _____ per year
Food Stamps	\$ _____ per year	\$ _____ per year
Child Support Received for all Dependent Children	\$ _____ per year	\$ _____ per year
Alimony	\$ _____ per year	\$ _____ per year
Unemployment	\$ _____ per year	\$ _____ per year
Workers Compensation	\$ _____ per year	\$ _____ per year
Veterans non-educational benefits	\$ _____ per year	\$ _____ per year
Cash support – Bills paid for you by others (Must have a notarized statement from source)	\$ _____ per year	\$ _____ per year
Excess financial aid (i.e. loans, grants, scholarships)	\$ _____ per year	\$ _____ per year
Other Support received- please explain below (Must have a notarized statement from source)	\$ _____ per year	\$ _____ per year

I (we) hereby certify that all information contained in this document, including my 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 stated above.

Student's Signature _____ Date _____

Parent /Spouse's Signature _____ Date _____