



ST. JOHNS RIVER COMMUNITY COLLEGE
FLORIDA SCHOOL OF THE ARTS
CLAY, PUTNAM AND ST. JOHNS COUNTIES COOPERATING

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Low Income Verification Form
For Parent(s) of Dependent Students

Information/Instructions: This form is used by Financial Aid Office personnel to resolve discrepancies about unusually low income reported on the Free Application for Federal Student Aid (FAFSA) when the federal processor indicates that income appears unusually low. Parents reporting no earnings and indicating no tax return filed are asked to provide the information below upon receipt of this form.

STUDENT'S NAME (printed): _____ Student ID Number: _____

PARENT'S NAME (printed): _____ SS#: _____

1. Please provide a written explanation about how you lived on \$0 income for the year, as reported in the income section for parent(s) on the FAFSA. Include information about how you paid for rent, utilities, and other bills. **Specify the annual total amount you received for the year.**

CERTIFICATION: I certify the information provide above is true and correct to the best of my knowledge; and the information reported on this form includes my spouse's income, *if my marital status was reported as "married/remarried" on the FAFSA.*

Parent's Signature: _____ Date: _____
(Only one signature is required)