



2009-10 LOW INCOME VERIFICATION FORM

55225 Hillsdale Blvd., Sacramento, CA 95842 916.348.4689 Fax: 916.334.2315 www.tlbc.edu

Financial aid is intended to assist with educational costs that remain after the student's Expected Family Contribution (EFC) has been taken into account. The main factor in determining a student's EFC is his/her reported income for the previous calendar year. In reviewing your request for financial aid, we found your (and your spouses', if married, or parent's) income for the previous calendar year to be unusually low. In order to continue processing your awards, you must explain how you were able to meet your expenses for the year. Please complete the information below.

_____ Last Name _____ First Name _____ SSN _____

Monthly Expenses (Use 2008 Totals):

Rent (your portion)	_____	Food	_____
Utilities	_____	Medical	_____
Car payment	_____	Internet	_____
Phone	_____	Insurance	_____
Miscellaneous	_____	TOTAL	_____

Education Expenses

Tuition & Fees	_____		
Books	_____		
Other	_____	TOTAL	_____

Monthly Income

Wages Salaries and Tips	_____	Welfare	_____
Unemployment	_____	Social Security	_____
Other	_____	TOTAL	_____

In your own words describe your financial position:

I certify that all the information reported on this statement is true and complete to the best of my knowledge. I understand that any false statements or misrepresentations will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.