



Lander University Office of Financial Aid

320 Stanley Avenue, Greenwood, SC 29649
 Email Address: finaid@lander.edu • Web Site: www.lander.edu/finaid
 Phone: (864) 388-8340 • Fax: (864) 388-8811

07LOWP

2008-2009 Low Income Verification Request – Parent(s)

Student's Last Name First Name MI Lander ID Number

Dear Student:

The income your parent reported on your 2008-2009 Free Application for Federal Student Aid (FAFSA) appears unusually low. Please have your parent provide a detailed explanation of how your family was able to meet expenses for food, clothing, shelter, utilities, transportation, etc. in 2007:

Please provide the actual dollar amount of any income your parents received, including cash support or bills paid on their behalf (or for their dependents) by another person or agency in 2007. This includes (but is not limited to) money, gifts, housing, food, clothing, car payments or expenses, medical and dental care, and payment of college costs. Do not include financial aid. Be sure to list the source of income.

Expense	Amount Paid on Parent's Behalf for 2007 (1/1/07-12/31/07) for each expense item	Source (Parent, friend, government agency, etc.)	FAO use only: Count as Untaxed? Y or N
Housing			
Food			
Clothing			
Car payments or expenses			
Medical or dental expenses			
Payment of college costs			
Other expenses paid on parents' behalf for 2007			

Parent's Signature

Date

Student's Signature

Date

DATA ENTRY		COUNSELOR REVIEW	
RRAAREQ	N=Pending Review	Refer to the SFA Application and Verification Guide for how to count each expense based on source. Money received or paid on parents' behalf does not have to be included on FAFSA but is needed to document income source	
Initials/date		RNAVrx and Verf Review Worksheet completed	
Fwd to Counselor date		Calc need and update ROAUSDF etc and trans	
		RRAAREQ	S = Satisfied, eligible
		RHACOMM	
FSAH AVG Guide Ch. 1 and 2		CNSLR Initials/date	