Office of Financial Aid
Dutchess Community College
Orcutt Student Services Center/ Room 104
(845) 431-8030/Fax (845) 431-8603
Email: financial-aid@sunydutchess.edu

Low Income Verification Worksheet

Name:	Student ID Number: A

On your application for financial assistance, you reported $0 income or very low income for the calendar year 2009. Please complete the following information regarding how the family was able to meet its basic needs. Please indicate dollar amount and sources of income received for the period January 1, 2009 through December 1, 2009.

List any money received in cash, or paid for on your behalf (bills, car payment, insurance payments, cell phone bill, etc.) by another person	Source:_____ Source:_____	Amount: $_____ Amount: $_____
Do you live in someone else's household for free or are you living in an apartment or house provided by a relative, friend, or other third party? ☐Yes No☐	With whom do you live? _____	How long have you lived there? From: _____ To: _____
Do you live in federally subsidized Section 8 housing? ☐Yes No☐	Do you receive food stamps? ☐Yes No☐	Do you receive TANF or Social Security benefits? ☐Yes No☐
Do you receive any cash support from any other sources not listed on this form? ☐Yes No☐	Source:_____ Source:_____	Amount: $_____ Amount: $_____
Please explain any situation not covered above:		

I/We hereby certify that all of the information provided on this form is true and correct to the best of my/our knowledge. I/We understand that the information provided on this form will be used to verify data submitted on the Free Application for Federal Student Aid (FAFSA)

_____ _____
Student Applicant Signature Date Parent's Signature (If Dependent) Date

Please return this completed form and all other required materials to:

Dutchess Community College
OFFICE OF FINANCIAL AID
53 Pendell Road
Poughkeepsie, NY 12601-1595
FAX: (845) 431-8603