

VERIFICATION OF LOW INCOME 2022 -2023 f: (603) 899-4372

e: osfs@franklinpierce.edu

Name:		Student ID #:	
	☐ Parent	$\square$ Student	
The 2020 income you reported on insufficient to support your housel an explanation as to how you were to provide any explanations you fe call Student Financial Services to	nold. Please itemize your in able to meet your expenses el are necessary to clarify the oll-free at (877) 372-7347.	come and expenses below. We as son the income you reported. Plus information you reported. If y	re requesting that you provide ease use the comment section ou have any questions, please
Remember: The financials provided of Financial Aid Appeal Form.	on the FAFSA were based up	on 2020 figures. If these have chan	iged, please complete a
MONTHLY INCOME/BENEFITS FOR 2020		MONTHLY EXPENSES FOR 2020	
Income earned from work: Welfare Benefits: Social Security Benefits: Food Stamps: Fuel Assistance: Housing Subsidies: Child Support: Alimony: Support from Parent/Relative: Gifts: Other:	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Rent/Mortgage: Food Expenses: Utilities: Auto Expenses: Child Care Expense: Credit Card Expense: Installment Loans: Medical Expenses: Personal Expenses: Other	\$ \$ \$ \$ \$ \$ \$ \$
I (we) certify that the inform	nation provided above is co	omplete and correct.	
Student Signature		Date	
Spouse Signature (if applicable)		Date	
Parent/Guardian Signature	(required for Dependent st	udents) Date	