

**Brody School of Medicine
Office of Student Affairs/Financial Aid**

2009-2010 Student Low or No Income Verification Form

Please complete and return this form via mail to: Brody School of Medicine, Office of Student Affairs/Financial Aid, Brody 2S-20, Mail Stop 613, Greenville, NC 27834, via email to bsomstudentaffairs@ecu.edu, or via fax to 252-744-3250. If you have any question, please contact our office at 252-744-2278. Failure to complete and return this form will delay the processing of your financial aid.

Student Name (Please Print)

Student ECU (Banner) ID

The income reported on your 2009-2010 Free Application for Federal Student Aid (FAFSA) is unusually low, therefore you must complete the information below regarding you and your spouse's income for 2008.

- If you and your spouse did not work, you must list **ALL** sources of you and/or your spouse's income for 2008.
- If you and/or your spouse did not file a 2008 Federal Income Tax Return, please indicate that below.

_____ I will not file and I am not required to file a 2008 Federal Income Tax Return.

_____ My spouse will not file and is not required to file a 2008 Federal Income Tax Return.

STUDENT AND SPOUSE (if applicable) INCOME

YEARLY AMOUNT

Income Earned from Work by Student (**W2's required**):

Income Earned from Work by Spouse (**W2's required**):

Social Security Benefits (received by all family members):

Worker's Compensation Benefits:

Child Support Received:

Alimony Received:

Welfare Benefits (TANF):

VA Non Education Benefits:

Money paid on your behalf by family and/or friends:

Financial Aid Refund from loans and/or grants received for the 2008-2009 academic year:

Other: _____

Do you receive housing assistance? YES _____ NO _____

Do you receive food stamps? YES _____ NO _____

Student's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____