



100 College Avenue  
Sterling, CO 80751  
Telephone: (970) 521-6800  
Fax: (970) 521-6801

**DOCUMENTATION OF LOW INCOME 2006-DEPENDENT STUDENT (08LID6)  
2008-2009**

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_\_  
(Last, First, MI)

The FAFSA that you submitted shows very low income for your parent(s) to live on for 2007. Please have your parent(s) complete this form showing their income and expenses for the period requested. **No further action will be taken on your financial aid application until this information is received.** If any section of this form does not apply, write "Not Applicable."

**EMPLOYMENT:** Please list below all jobs your parent(s) had from **January 1, 2007 to December 31, 2007. Please provide W-2 forms or paycheck stubs.**

Employer	Phone Number	Position Held	From-To	Gross Earnings
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**NON-TAXABLE INCOME:** List below all non-taxable income your parent(s) received from **January 1, 2007 through December 31, 2007.** Include information about applicable sources, such as financial aid, social security benefits, child support, AFDC, unemployment compensation, workman's Compensation, subsidized housing, etc. **Include appropriate documentation from the issuing agency, which authorized the benefits.**

Type of Assistance	Amount per month	From-To	Total Received
_____	_____	_____	_____
_____	_____	_____	_____

**SPECIAL INCOME CIRCUMSTANCES:** Please list any other income your parent(s) received from January 1, 2007 through December 31, 2007. Loans, gifts, payment in-kind should be included:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL RENT PAID IN 2007:** (\$) \_\_\_\_\_ ) **SPECIAL HOUSING AND RENT ARRANGEMENTS:** Please list and explain any special arrangements made for your parent(s) by your landlord (or tenant if they sublet) in lieu of a requirement to pay rent from January 1, 2007 through December 31, 2007. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please be aware that any person who knowingly makes false statements or misrepresentations is subject to a fine, imprisonment or both, under the provisions of the United States Criminal Code.

I affirm by my signature below that the information provided on this petition is true and accurate. I will notify the Office of Financial Aid immediately of any circumstances affecting my financial aid status. I also understand that the Office of Financial Aid has the right to verify any and all of the information that I have provided.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Student's Daytime Phone #