



1109 W. Panola
Carthage, TX 75633
Phone 903.693.2035
Fax 903.693.1122

2016-2017 LOW INCOME STATEMENT

Student Name _____ Student ID/SSN _____

Dependent Student

Independent Student

The Federal Government requires that you verify how you, and/or your spouse, were able to live on the low income that you reported on your 2016-2017 student aid application. Please complete the following and return it to the Panola College Financial Aid Office as soon as possible. Processing of your application will be suspended until you return this form unless further information is needed.

1. Expenses:

Item	Student	Parent (if applicable)
	Amount	Amount
Housing		
Food		
Utilities		
Car expenses		
Personal Expenses		

2. Income and Resources: List all Resources, Including Parental Support

Source	Student	Parent (if applicable)
	Amount	
Wages		
AFDC/TANF		
Child Support		
Other		

CERTIFICATION: I (we) certify that all information on this form is complete and correct.

Warning: If you purposely give false or misleading information, you may be fined, sentenced to jail, or both.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____
(If applicable)

Return to:

Panola College / Financial Aid Office / 1109 W. Panola / Carthage, TX 75633 or Fax 903.693.1122

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