

Dallas County Community College District
Financial Aid Operations

CERTIFICATION OF NON-FILER/LOW INCOME VERIFICATION

Mail, fax or return this form to the [Financial Aid Office](#) at the college you plan to attend during 2008-2009.

FAX NUMBERS:

Brookhaven(972)860-4375 Cedar Valley(972)860-5230
 Eastfield(972)860-7622 El Centro(214)860-2637
 Mountain View(214)860-8843 North Lake(972)273-3240 Richland(972)238-3761

Name: _____ **SSN or Student ID#** _____

Email: _____

Your income reported was unusually low for the year. In the table below please list the amount(s) of all 2007 income. If you did not receive income from any of the sources listed, enter a zero. If you worked during the year of 2007 and did not make enough to file taxes, please attach a copy of all W-2 forms and any statements from employer(s) to explain where you worked.

INCOME SOURCE	INCOME AMOUNT		EXPENSES	AMOUNT
Student's			Rent	
Spouse's			Mortgage	
Mother's			Food	
Father's			Utilities	
Social Security			Clothing	
Temporary Aid for Needy Families (TANF)			Transportation	
Aid to Families with Dependent Children (AFDC)			Child-care	
Foreign earnings converted to US dollars			Medical	
Other sources			Other	

If you had **less than \$5,200** from the above sources, please explain how you and/or members of your household met their living expenses in 2007.

Applicant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Educational opportunities are offered by the Dallas County Community College District without regard to race, color, age, national origin, religion, sex, disability or sexual orientation.