



Lord Fairfax Community College  
 Financial Aid Office  
 173 Skirmisher Lane  
 Middletown, VA 22645  
 Middletown Phone: 540-868-7130 Fax: 540-868-7274  
 Fauquier Phone: 540-351-1519 Fax: 540-351-1530  
 E-mail: finaid@lfcc.edu

## 2009-10 Income Certification Request

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Federal guidelines require us to document how a student and/or family support themselves if an unusually low income is reported on the Free Application for Federal Student Aid (FAFSA). It appears that little or no income was reported for your household (under \$9,000). Please call the Financial Aid Office if you need assistance answering these questions at 540-868-7131.

Are you over 23 years of age and living with parents? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you and your dependents live with your (or your spouse's) parents? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you and your dependents live with someone other than a parent who provides for your basic necessities (food, shelter, clothing, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the people who provide support and your relationship to them:

Name	Relationship to Student

Do you (or your spouse) currently receive any of the following:

	Yes	No		Yes	No
TANF			Medicaid		
Food Stamps			Section 8 housing/Public housing		
WIC			Daycare Assistance		
Untaxed Social Security Benefits					

Are you (and/or your spouse) currently employed?

Student: Yes \_\_\_\_\_ No \_\_\_\_\_ Spouse: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what are your (and/or your spouse) total estimated wages for 2009?

Student: \_\_\_\_\_ Spouse: \_\_\_\_\_

If someone provided you with a place to live, utilities, clothing, food, auto expenses, or household necessities, please indicate your relationship and an estimate of the yearly value of items provided or paid on your behalf for the year of 2008:

Expense:	Yearly Amount:	Relationship (Circle One):		
Housing	\$	Parent	Friend	Other Relative
Food	\$	Parent	Friend	Other Relative
Utilities	\$	Parent	Friend	Other Relative
Clothing	\$	Parent	Friend	Other Relative
Household necessities	\$	Parent	Friend	Other Relative
Auto Expenses	\$	Parent	Friend	Other Relative

***My signature certifies that the information provided is true and correct and that I am providing an accurate description of my financial situation. I understand that purposely giving false or misleading information could result in a fine, imprisonment or both as it relates to my reporting information to the U.S. Department of Education.***

\_\_\_\_\_  
 Student Signature Date

\_\_\_\_\_  
 Parent Signature (if parents provided any support) Date