S = Satisfied, eligible

## **Lander University Financial Aid Office**

320 Stanley Avenue, Greenwood, SC 29649 Email: finaid@lander.edu • Web: www.lander.edu/finaid Phone: (864) 388-8340 • Fax: (864) 388-8811

2023-2024 Low Income Verification Request – Parent(s)

Student's Last Name F		irst Name MI	Lan	nder ID (L#)	
Dear Student:					
appears unusual	ly low. Please ha	on your 2023-2024 Free Applave your parent provide a detallothing, shelter, utilities, trans	ailed explanatio	on of how your family was	
bills paid on their is not limited to) r	behalf (or for the money, gifts, hou	mount of any income your pa eir dependents) by another pe using, food, clothing, car paym	erson or agency nents or expens	in 2021. This includes (but es, medical and dental	
Expense		Amount Paid on Parent's Behalf for 2021 (1/1/21-12/31/21) for each expense item	Source (Pa friend, gove agency, e	FAO use only: Count as	
Housing					
Food					
Clothing					
Car payments or expenses					
Medical or dental expenses					
Payment of college costs					
Other expenses paid on parents' behalf for 2021					
on parents ber	IAII 101 2021	<u> </u>			
Student's Signature		Phone #		Date	
Parent's Signature		Phone #		Date	
DATA ENTRY		COUNSELOR REVIEW			
RRAAREQ	xxLOWP = N CNSLV = N	Refer to the SFA Application and Verification Guide for how to count each expense based on source. Money received or paid on parents' behalf does not have to be included on FAFSA but is needed to document income source			
Initials/date RNAVRxx and Verf Review Worksh		RNAVRxx and Verf Review Workshee	et completed		
Fwd to Counselor date		Calc need and update ROAUSDF efc a	Calc need and update ROAUSDF efc and trans		

RRAAREQ

RHACOMM

CNSLR Initials/date

FSA AVG Guide Ch. 1 and 2