

Lander University Financial Aid Office 320 Stanley Avenue, Greenwood, SC 29649

Email: finaid@lander.edu • Web: https://www.lander.edu/finaid Phone: (864) 388-8340 • Fax: (864) 388-8811

2021-2022 Low Income Verification Request – Independent Student

Student's Last Name	First Name	MI	Lander ID (L#)	
Dear Student:				
appears unusually low. Ple	on your 2021-2022 Free App ease provide a detailed expl were able to meet your expe :	anation of h	now you (and your s	pouse and
your behalf (and spouse/dependent limited to) money, gifts, ho	ollar amount of any income youndents, if applicable) by anothousing, food, clothing, car paymonot include financial aid. Be sometimes and the student's Behalf for 2019	er person or nents or expe sure to list th	agency in 2019. This enses, medical and de e source of income. Source (Parent, end, government	FAO use only Count as Untaxed?
	(1/1/19-12/31/19) for expense item	each	agency, etc.)	Y or N
Housing	-			
Food				
Clothing				
Car payments or expenses				
Medical or dental expenses				
Payment of college costs				
Other expenses paid on your behalf for 2019				

DATA ENTRY		COUNSELOR REVIEW	
RRAAREQ	xxLOWS = N	Refer to the FSA Application and Verification Guide for how to count each expense	
	CNSLV = N	based on source.	
Initials/date		RNAVRxx and Verf Review Worksheet completed	
Fwd to Counselor date		Calc need and update ROAUSDF efc and trans	
		RRAAREQ	S = Satisfied, eligible
		RHACOMM	
FSA AVG Guide Ch. 1 and 2		CNSLR Initials/date	