

STUDENT'S NAME: _____ UTCID _____

Last

First

MI



UTC FINANCIAL AID OFFICE

2011-2012 Minimal Income Statement

A REVIEW OF YOUR 2011-2012 FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) INDICATES THAT THE TOTAL INCOME FROM ALL SOURCES FOR 2010 APPEARS TO BE UNUSUALLY LOW. THEREFORE, ADDITIONAL INFORMATION IS REQUIRED BEFORE THE OFFICE OF FINANCIAL AID CAN DETERMINE YOUR ELIGIBILITY FOR STUDENT AID.

Please complete this form, including all necessary signatures and return it to: **UTC Financial Aid/Dept 4805,
615 McCallie Avenue, Chattanooga, TN 37403-2598 or by FAX 423-425-2292.**

Phone: 423-425-4677

Email: finaid@utc.edu

Do not leave any items blank. Incomplete and/or improperly signed forms WILL delay completion of file and awarding.

<input type="checkbox"/> I was born before January 1, 1988	<input type="checkbox"/> I was married when I signed the FAFSA	<input type="checkbox"/> I will be working on a master's or doctorate program (e.g., MA, MBA, MD, JD, PhD, EdD, graduate certificate)	
<input type="checkbox"/> I am serving on active duty in the U.S. Armed Forces	<input type="checkbox"/> I am a veteran of the U.S. Armed forces	<input type="checkbox"/> I have children and I provide more than half of their support now and will continue to provide more than half their support through June 30, 2012	
<input type="checkbox"/> Since I turned age 13, both of my parents were deceased	<input type="checkbox"/> I have been in foster care at some time since turning age 13	<input type="checkbox"/> I have dependents (other than children or my spouse) who live with me and I provide more than half of their support now and will continue to provide more than half support through June 30, 2012	
<input type="checkbox"/> I was a dependent or ward of the court at some time since turning age 13	<input type="checkbox"/> I am currently or I was an emancipated minor as determined by a court in my state of legal residence	<input type="checkbox"/> I am currently or I was in legal guardianship immediately before reaching the age of being an adult as determined by a court in my state of legal residence	<input type="checkbox"/> I am homeless or I am at risk of being homeless as determined by the director of a runaway or homeless youth basic center or transitional living program

If you checked **one or more** of the previous boxes you are **Independent** and you the **student** must complete the following questions and sign this form. If you **could not** check at least one of the previous boxes you are **Dependent**, and your **parent** must complete the following questions and sign this form.

1. Did you or someone else (on your behalf) pay rent/mortgage in **2010**?..... **Yes** ☐ **No** ☐
If **Yes**, how much was paid **yearly**? \$ _____ and who paid it? _____
2. Did you or someone else (on your behalf) pay utilities in **2010**?..... **Yes** ☐ **No** ☐
If **Yes**, how much was paid **yearly**? \$ _____ and who paid it? _____
3. Did you or someone else (on your behalf) pay for food for your household in **2010**?..... **Yes** ☐ **No** ☐
If **Yes**, how much was paid **yearly**? \$ _____ and who paid it? _____
4. Did you or someone else (on your behalf) pay car payments and/or auto insurance in **2010**?..... **Yes** ☐ **No** ☐
If **Yes**, how much was paid **yearly**? \$ _____ and who paid it? _____
5. Did you or someone else (on your behalf) pay for child care in **2010**?..... **Yes** ☐ **No** ☐
If **Yes**, how much was paid **yearly**? \$ _____ and who paid it? _____
6. Did you or someone else (on your behalf) pay credit card payments in **2010**?..... **Yes** ☐ **No** ☐
If **Yes**, how much was paid **yearly**? \$ _____ and who paid it? _____
7. Did you receive and use any Financial Aid for **living expenses** in **2010**?..... **Yes** ☐ **No** ☐
If **Yes**, what was the **total** amount of Financial Aid for **living expenses** received for **2010**? \$ _____

If you have checked "no" for all of the questions 1-7, please attach a statement explaining how household needs were provided for during the year 2010.

By signing this document, I certify that all the information reported to qualify for student financial aid is true and accurate.
(If **Independent** only student signature required)

Student Signature: _____

Date: ____/____/____

(If **Dependent** - only parent signature required)

Parent Signature: _____

Date: ____/____/____

PLEASE MAKE SURE THE STUDENT'S NAME AND UTC ID ARE ON ALL DOCUMENTS