



Heart of Georgia Technical College

MAIN CAMPUS: 560 PINEHILL ROAD • DUBLIN, GEORGIA 31021 • (478) 275-6589 • FAX (478) 275-6642

**2009-2010  
Expense Verification Form**

Student's Name \_\_\_\_\_ SSN/ID# \_\_\_\_\_

According to the information reported on your Student Aid Report, your income is below the minimum standard established for your household size. We need additional information from you to show **how** you supported yourself and your household from **January 1, 2008, through December 31, 2008**. This information will determine the amount of financial assistance you are eligible to receive.

**Complete, sign, and return this form to the Financial Aid Office.** If you received support from another individual please use the back of this form to explain the type of support you received (i.e. money, free room, etc.) and the total value you received between **January 1, 2008, and December 31, 2008**. If you have any questions, please contact our office at (478) 274-7833 or (478) 274-7940.

Expenses	Monthly Amount	Paid By	Source of Income	Monthly Amount	# of Months Received
Cable			Alimony		
Car Gas Cost			Child Support		
Car Insurance			Churches		
Car Payment			Disability		
Child Care			Food Stamps		
Electricity			Income from Work		
Food			Social Security		
Household Gas			SSI		
Personal Expenses			TANF		
Phone			VA Benefits		
Rent/Mortgage			Workers' Compensation		
Water/Sewage			Other		
<b>Total Expenses</b>			<b>Total Income</b>		

(If reporting child support, social security, TANF, VA, or SSI benefits you must do so for all family members.)

By signing this form, I certify that all information reported on this form is complete and correct.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>For Office Use Only</b>			
Money paid on behalf	\$ _____	Expenses paid by student	\$ _____
Other amounts from Worksheet B	\$ _____	Total income received	\$ _____
Total amount for Worksheet B	\$ _____	Untaxed income	\$ _____