BlueRidge
COMMUNITY AND
TECHNICAL COLLEGE

Low Income Form 2008 - 2009

Either you (if an independent student) or your parent (if a dependent student) reported Low Income for 2007 on the FAFSA and did not report any untaxed income on the Verification Worksheet. According to the 2007 Poverty Guidelines for the 48 Contiguous States and the District of Columbia a single individual must have income totaling $10,210 to subsist at the poverty level. Please review the chart below and consider what sources of income you may have not reported previously. Any cash support or money paid on either you or your parent's behalf is considered untaxed income and must be reported on the Other Income line. If you live with a friend or relative, this is considered in-kind support and the estimated value of the room and board must be reported on the Non-spouse Contributing Member line. **We cannot continue processing your financial aid until this form is returned.**

2007 HHS Poverty Guidelines

Persons in Family Unit	48 Contiguous States and D.C.	Alaska	Hawaii
1	$ 10,210	$12,770	$11,750
2	13,690	17,120	15,750
3	17,170	21,470	19,750
4	20,650	25,820	23,750
5	24,130	30,170	27,750
6	27,610	34,520	31,750
7	31,090	38,870	35,750
8	34,570	43,220	39,750
For each additional person, add	3,480	4,350	4000

Income and In-kind Support

$_____ Income from work
$_____ Financial Aid Awards
$_____ Child Support received in 2007
$_____ Social Security Benefits received in 2007, including Disability
$_____ Pension or Retirement Payments
$_____ Veterans Non-education benefits
$_____ Welfare, DHHR and TANF benefits
$_____ Food stamps or subsidized housing
$_____ Other Income Source: _____
$_____ Non-spouse Contributing Member Relationship: _____

I understand that if I do not report any income or in-kind support on this form, the Financial Aid Office reserves the right to use the appropriate dollar amount from the Poverty Guidelines for my family size as untaxed income in my needs analysis.

Student Signature _____ Student ID _____
Student Name _____
Parent Signature _____ Date _____
Parent Name _____

Return completed form to:
Community and Technical College of Shepherd
Office of Student Financial Aid
400 W. Stephen St.
Martinsburg, WV 25401
304/260-4380 Fax 304/260–4376
www.blueridgectc.edu/financial_aid