THE UNIVERSITY OF TEXAS AT TYLER

2026-27 Independent Low-Income Verification

Student Name: _____ Student ID: _____
(Last, First, MI)

Completing this Form:

We have reviewed your Verification document(s) and additional information is required to determine your eligibility. This form will be used to clarify how you and/or your family were able to support yourself and/or your family on little or zero income during the 2024 year as originally reported on your FAFSA and verification documentation.

- Please complete all sections as completely and accurately as possible.
- We cannot process your financial aid until this Low Income document is completed and returned to us. If needed we will update your FAFSA based on the information provided.
- All required documents must be submitted at least 2 weeks before the end of the term to be processed.

Provide a statement below explaining how you and/or your family were able to support yourself and/or your family on little to zero income during 2024 as originally reported on your FAFSA and other Verification documents:

I certify that all information contained on this form is true and accurate. Electronic Signatures are not accepted.

Signature: _____ Date: _____

Office of Financial Aid
3900 University Blvd., Tyler, Texas 75799
www.uttyler.edu/financialaid/
Phone (903) 566-7180

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Student Expenses and Income:

Enter the Average Monthly amounts received during the calendar year from January 1, 2024 to December 31, 2024. If the answer is NONE or negative, please enter "0". For each job make a separate entry and specify the job.

Average Expenses Per Month		Average Income Per Month	
Housing	$	Employment	$
Food	$	Employment	$
Transportation (car etc.)	$	Employment	$
Telephone	$	Employment	$
Utilities	$	Social Security	$
Insurance	$	AFDC/ADC/TANF	$
Clothing	$	Veteran's Benefits	$
Gasoline	$	Gifts from Family	$
Personal	$	Cash received/Bills paid on your behalf	$
Other (specify)	$	Other (specify)	$
	$		$
	$		$
Total Expenses (monthly)	$	Total Income (monthly)	$

Spouse Expenses and income:

Enter the Average Monthly amounts received during the calendar year from January 1, 2024 to December 31, 2024. If the answer is NONE or negative, please enter "0". For each job make a separate entry and specify the job.

Average Expenses Per Month		Average Income Per Month	
Housing	$	Employment	$
Food	$	Employment	$
Transportation (car etc.)	$	Employment	$
Telephone	$	Employment	$
Utilities	$	Social Security	$
Insurance	$	AFDC/ADC/TANF	$
Clothing	$	Veteran's Benefits	$
Gasoline	$	Gifts from Family	$
Personal	$	Cash received/Bills paid on your behalf	$
Other (specify)	$	Other (specify)	$
	$		$
	$		$
Total Expenses (monthly)	$	Total Income (monthly)	$

I certify that all information contained on this form is true and accurate, both student and spouse (if married) must sign. Electronic Signatures are not accepted.

Student : _____ Date: _____

Spouse (if married) : _____ Date: _____

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