

Office of Financial Aid

Income Affidavit



To Whom It May Concern:

I the undersigned understand that I must provide this Income Affidavit in lieu of filing a Free Application for Federal Student Aid (FAFSA) and by doing so I attest that my previous year's income was \$75,000 or more; therefore, I acknowledge that I and/or my dependent are not eligible for Federal Student Aid.

Student Name:	Student SS/ID:
Student Address:	Student Date of Birth:
City, State, Zip:	Student email:
Student Phone:	Student Alternate Phone:

If applicable:

Parent Name:	Parent email:
Parent Address:	Parent Alternate Phone:
City, State, Zip:	
Parent Phone:	

Date: _____

Signature of Parent/Student: _____

GIVEN UNDER MY HAND AND SEAL OF OFFICE THE _____ DAY OF _____, 20_____.

COUNTY OF: _____ STATE OF: _____

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(NOTARY PUBLIC SIGNATURE)



MAIL TO:
Grayson College
Attention: Financial Aid Office
6101 Grayson Dr. Denison, TX 75020
EMAIL TO: Financialaid@grayson.edu
FAX TO: 903-463-3908