

**Lee College**  
**Educational Opportunity Center**  
**Income Verification**

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Number of Persons in Family: \_\_\_\_\_ Taxable Income Last Year: \_\_\_\_\_

**Complete this box ONLY if you are under the age of 24 today.**

- 1) Are you married? \_\_\_\_ Yes \_\_\_\_ No
  
- 2) Do you have children who receive more than half their support from you? \_\_\_\_ Yes \_\_\_\_ No
  
- 3) Do you have dependents (other than your children or spouse) who live with you? \_\_\_\_ Yes \_\_\_\_ No
  
- 4) Are both parents deceased, or you are or were (until age 18) award/dependent of the court? \_\_\_\_ Yes \_\_\_\_ No
  
- 5) Are you a veteran of the U. S. Armed Forces? (A “veteran” includes students who attended a U.S. service academy and who were released under a condition other than dishonorable. For more detail on who is considered a veteran, see the explanatory notes the FAFSA). \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**OR**

**Income documentation is attached.**

