



East Georgia State College

Office of Financial Aid

131 College Circle

Swainsboro, Georgia 30401-2699

Phone: (478) 289-2009 /Fax: (478) 289-2140

Website: http://www.ega.edu/index.php/offices/student_affairs/financial_aid

**Parent Proof of Income
(INCOMP)**

Student First Name: * Student Last Name: * EGSC Student ID: *

Parent's First Name: * Parent's Last Name: *

I did not work in * (Year) and therefore had no income * because I was:

- Incarcerated
- Lived with relative
- Lived with other party
- Other:

Certification of Support

I, , hereby certify that I provided the following support to the above mentioned (Year) parent for

(Supporter Name)

Must list money amount; do not leave blank.

- Free Room and Board
- Gas
- Medical bills
- Dental bills
- Other:
- Monthly Rent
- Car payment
- Food
- Utility Bills

Estimated Total Amount of the above support provided to parent: \$

Relationship to the Parent:

*You must provide documentation that you did not file taxes. Call the IRS at (800) 829-1040 and ask for a Verification of Non-filing for the year. You will receive this letter in approximately two- three weeks from the IRS. Bring it to the Office of Financial Aid at East Georgia State College, once received. If you have any questions, please stop by our office, call (478) 289-2009, or email us at finaid@ega.edu.

Parent Signature: _____ Date: _____

Supporter Signature: _____ Date: _____

(Signature lines above provided for use if electronic signature not possible. Please download and print form and return to East Georgia State College for processing.)

(Financial Aid Office Use Only)

KEY_AIDYEAR: * KEY_BAND: * Processed By: *