



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

**Spouse Proof of Income-
 Independent Student
 (INCOMS)**

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

Spouse's First Name: * Spouse's Last Name: *

I did not work * (Year) and was able to provide basic needs* because I
 in 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)
 spouse for the year

(Supporter Name)

Must list dollar 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 the above
 mentioned spouse: \$

Relationship to the above
 mentioned Spouse:

*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.

Spouse Signature: _____ Date: _____

Supporter Signature: (if applicable) _____ 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: *