

**Financial Aid Office
Quinsigamond Community College
2009-2010 Checking/Savings Verification Form**

Complete this form regarding information for the: Parent Student

Student's Name: _____ College ID or SSN: _____

Date Free Application for Federal Student Aid (FAFSA) was filed: _____

The amount of cash, checking and savings accounts that you reported on the Free Application for Student Aid (FAFSA) appears insufficient to have generated the amount of interest that was reported on your 2008 income tax return. Please provide our office with the information requested below. Return this form along with supporting documentation to the Financial Aid Office.

If there is a significant difference between the tax return figures and the FAFSA figures, please explain how the funds were used. Use the reverse side of this form for any additional explanations you would like to make.

Indicate the amount of money in savings and checking accounts as of the date you completed the FAFSA. **Attach photocopies of the bank statements for each account for that date.** Include ALL accounts listed on Schedule B of your tax form.

NAME OF BANK	BALANCE AS OF FAFSA DATE
_____	_____
_____	_____
_____	_____
_____	_____

I/we certify that the above information about my/our savings and checking accounts is complete and correct.

Student's Signature: _____ Date: _____

Parent's/Spouse's Signature: _____ Date: _____

Financial Aid Office
Quinsigamond Community College
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◆ Office hours M-F, 8:00 a.m. - 5:00 p.m. ◆
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