



THE VOICE OF
DENTAL EDUCATION

2018 ADEA AADSAS® Fee Assistance Program (FAP)
Income Verification Form

Applicant Name

2018 ADEA AADSAS #

Type of Verification Being Supplied for Calendar Year 2016:

- Child Support Payments
- Supplemental Nutrition Assistance Program (SNAP)
- Proof of Social Security Benefits
- Proof of Veteran's Benefits
- Proof of Workers' Compensation Benefits
- Proof of Housing, Food and Other Living Allowances

Benefit Recipient Information

Name of person who received benefits: _____

Relationship to student: _____ # of years benefits were received: _____

Once you have selected the type of verification being supplied, please attach a copy of the letter (required document) from the appropriate county/state office indicating the monthly amount of support received in the year indicated above and include this document with the required supporting documents. This form is required if the applicant is receiving any of the benefits listed above and does not have tax returns and/or financial aid verification.

By signing this document, I/we certify that all the information is complete and correct.

Student Signature

Parent/Spouse Signature

Date

The "ADEA AADSAS FAP Cover Form" must be submitted with all required supporting documents. If not submitted, the application for a fee waiver will be denied.

Note: If you purposely give false or misleading information on this document you will be disqualified from receiving funds and any previous funds awarded may be rescinded.