

**STUDENT NAME:** \_\_\_\_\_

**STUDENT ID #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
STREET OR PO BOX CITY STATE ZIP

When you completed the 2021-2022 FAFSA you responded that you {or, for dependent students, your parents} provide more than half of the support for a child OR other dependent(s). The Financial Aid Office requires verification of this support.

**PLEASE NOTE – Your eligibility for financial aid cannot be determined until the verification process is complete.**

**INSTRUCTIONS:** You [or your parent, if requested] should complete this form using blue or black ink, attach relevant supporting documentation, sign, and submit the completed package to the WCC Financial Aid Office for review. **IMPORTANT – Students who do not meet federal guidelines for independent status and who are unable to provide acceptable documentation of providing greater than 50% of the support for a qualified dependent will need to make corrections to the FAFSA to include parent information.**

**In the spaces below, list your qualified dependent(s).** Documentation of the relationship is required (birth certificates, court documents, etc.)

- ▶▶ Include your children if you will provide **MORE THAN HALF** of their support from July 1, 2021 through June 30, 2022, even if the children do not live with you.
- ▶▶ Include other people **ONLY** if they meet **all** the following criteria:
  - 1) They now live with you; AND
  - 2) They currently receive **MORE THAN HALF** of their support from you; AND
  - 3) They will continue to receive **MORE THAN HALF** of their support from you through June 30, 2022.

**NOTE: Support includes money, housing, food, clothing, medical/dental care, transportation, payment of college costs, and similar expenses.**

FULL NAME OF DEPENDENT(S) ⇒ ATTACH copies of birth certificates, court documents, etc.	AGE	LAST 4 DIGITS OF SSN	RELATIONSHIP TO YOU

~if you need additional space, please attach a separate sheet of paper that includes the student name and ID#~

❖ **This form is being completed by:**     Independent Student     Parent of a Dependent Student

**Where is the STUDENT living?**

- In the student's own house, apt. condo, etc.  
(⇒ ATTACH a copy of the lease, mortgage, or other proof of housing in the student's name)
- With the student's parent(s)
- With the child's other parent  
Name: \_\_\_\_\_
- Other: \_\_\_\_\_

**Where is/are the DEPENDENT(S) named above living?**

- With the student
- With the child's other parent
- With the student's parent(s)
- Other (please explain): \_\_\_\_\_

**Do you provide medical coverage for the DEPENDENT(S) named above?**

- Yes     Medicaid     No
- (⇒ ATTACH a copy of the medical card)    Who provides medical coverage? \_\_\_\_\_

**If you are the STUDENT, will you pay someone to care for your dependent(s) while you are attending class?**

- Yes    Amount Paid: \$ \_\_\_\_\_ per \_\_\_\_\_     No

**Who claimed the STUDENT on the 2020 federal tax return?**

- The student     The student's parent(s)     Other: \_\_\_\_\_

**Who claimed the DEPENDENT(S) named above on the 2020 federal tax return?**

- The student     The student's parent(s)     Other: \_\_\_\_\_     Not born until 2021  
(if the dependent was claimed by the student or student's parent(s), ⇒ ATTACH a copy of the applicable 2020 federal tax return)

**Did the DEPENDENT(S) named above file a federal tax return for 2020?**

- Yes (⇒ ATTACH a copy of the DEPENDENT'S 2020 tax return and W-2's)     No

**Who will claim the DEPENDENT(S) named above on the 2021 federal tax return?**

Name: \_\_\_\_\_ Relationship to the dependent(s): \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

STUDENT ID #: \_\_\_\_\_

Does the DEPENDENT(S) named on page 1 receive earnings or benefits in his/her name? (check all that apply)

- Wages: amount \$ \_\_\_\_\_ per \_\_\_\_\_       Retirement: monthly amount \$ \_\_\_\_\_  
 Social Security/SSI: monthly amount \$ \_\_\_\_\_       VA Benefits: monthly amount \$ \_\_\_\_\_  
 Public Assistance: type: \_\_\_\_\_       Other: amount \$ \_\_\_\_\_ per \_\_\_\_\_  
 My dependent is not employed and receives no benefits

CURRENT MONTHLY INCOME/BENEFITS INFORMATION – do not leave blank – if an item does not apply to you, please enter -0- or N/A.			
TYPE OF INCOME	STUDENT	PARENT [Dependent Students Only]	ATTACH RELEVANT SUPPORTING DOCUMENTATION
Earnings from work	\$	\$	copy of the most recent pay stub
Unemployment	\$	\$	copy of current benefit statement
Social Security/SSI	\$	\$	copy of current benefit statement
Child Support RECEIVED	\$	\$	proof of support received for all children for the past 12 months (statement from child support agency, bank statements, copies of checks)
Work First/TANF	\$	\$	statement from DSS
SNAP/Food Stamps	\$	\$	copy of EBT card or statement from DSS
WIC	VOUCHER	VOUCHER	statement from DSS
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>	<b>\$</b>	

Do you receive support from sources not included elsewhere on this form? (example: gifts, loans, etc. from family, friends, or others)

- Yes       No

If yes, list the person who helps, relationship to the student, type of assistance, and amount provided each month:

Person/Relationship to Student	Type of Assistance	Amount per Month
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

CURRENT MONTHLY EXPENSES – do not leave blank – if an item does not apply to you, please enter -0- or N/A.				
Monthly Expense	Total Cost per month	Amount Paid by Student	Amount Paid by Others	If paid by "others", provide name & relationship
Housing (rent, mortgage, etc.)	\$	\$	\$	
Food (groceries, meals out)	\$	\$	\$	
Utilities (gas, water, electric)	\$	\$	\$	
Internet/Cable or Satellite TV	\$	\$	\$	
Phone (cell or landline)	\$	\$	\$	
Childcare/Dependent Care *	\$	\$	\$	
Transportation (gas, car payment, auto insurance, maintenance, or mass transit expenses)	\$	\$	\$	
Child Support PAID *	\$	\$	\$	
Other: _____	\$	\$	\$	
<b>TOTAL MONTHLY EXPENSES</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	

\* supporting documentation may be required

**CERTIFICATION AND SIGNATURE**

By signing below, I certify that all information reported on this form and any documentation provided is true and complete.

\_\_\_\_\_  
STUDENT SIGNATURE (REQUIRED)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT SIGNATURE (REQUIRED FOR DEPENDENT STUDENTS)

\_\_\_\_\_  
DATE

RETURN THIS COMPLETED FORM WITH REQUIRED DOCUMENTATION TO:  
**Wayne Community College - Financial Aid Office - PO Box 8002 - Goldsboro, NC 27533-8002**  
**FAX: 919-736-9425**

Wayne Community College is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associate degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Wayne Community College. The Commission on Colleges may be contacted only if there is evidence that Wayne Community College is significantly non-compliant with a requirement or standard. Accreditation standards are located at: <http://www.sacscoc.org/principles.asp>. Inquiries about Wayne Community College, such as admission requirements, financial aid, educational programs, etc. should be addressed directly to Wayne Community College and not the Commission's office.