

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

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

The income reported for your parent's household on the 2023-2024 FAFSA seems too low to cover basic living expenses. Although this may be due to the valid exclusion of certain types of income from the FAFSA, federal law states that we have the right to verify the information reported before offering or disbursing federal student aid. This worksheet may be requested in addition to other verification forms required by the U.S. Department of Education. **PLEASE NOTE – Your eligibility for financial aid can be established only when the verification process is complete.**

**INSTRUCTIONS:** You, and a parent whose information was provided on the FAFSA, should complete this worksheet using blue or black ink, attach any required documentation, sign, and return the completed package to WCC Financial Aid & Veterans Services.

**IMPORTANT:** *If your parent was married or remarried on the day your FAFSA was submitted, remember to include information for each parent and stepparent.*

Financial Aid & Veterans Services staff will compare the information provided on the FAFSA with the information in this worksheet and any other required documentation. If there are any inconsistencies between the information reported on your FAFSA and the documents submitted to our office, **your signature on this form authorizes our office to make the appropriate corrections to your FAFSA.**

**A. ANNUAL INCOME**

**Provide information about the income received in your parent's household from January 1, 2021, through December 31, 2021. \*\*A response is required for EACH question below. Please enter -0- or N/A if an item does not apply.**

	STUDENT	PARENT(S)	DOCUMENTATION
Earnings from work	\$ _____	\$ _____	All 2021 Form W-2s, 1099's, or other statements of income earned
Pension or Retirement Funds	\$ _____	\$ _____	2021 IRS Form 1099-R
Unemployment Compensation	\$ _____	\$ _____	2021 IRS Form 1099-G
Social Security ( <i>disability or SSI</i> )	\$ _____	\$ _____	2021 SSA-1099 ( <i>Social Security Office</i> )
Worker's Compensation	\$ _____	\$ _____	Final payment stub from 2021
Veteran's Non-Educational Benefits	\$ _____	\$ _____	VA Award Letter
Child Support ( <i>received for all applicable dependents</i> )	\$ _____	\$ _____	Proof of Child Support received January 2021 – December 2021
Alimony or Spousal Support	\$ _____	\$ _____	Court Order
Other ( <i>gifts, financial aid refunds, lottery or gambling winnings, etc.</i> )	\$ _____	\$ _____	To be determined
<b>Total Income from all sources</b>	<b>\$ _____</b>	<b>\$ _____</b>	

**B. GOVERNMENT ASSISTANCE**

**Did any member of your parents' household receive benefits from the federal or state programs listed below during 2021 OR 2022? (Check all that apply) \*Answering these questions will NOT reduce your eligibility for student aid or these programs.**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Housing Assistance ( <i>Section 8, HUD, etc.</i> )             | <input type="checkbox"/> Food & Nutrition Services ( <i>food stamps, SNAP, EBT, etc.</i> ) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Work First/TANF/AFDC   | <input type="checkbox"/> WIC   | <input type="checkbox"/> Medicaid                           |
| <input type="checkbox"/> I/We did not receive any government assistance in 2021 or 2022 |  |   |

**C. INCARCERATION**

Were your parent(s) confined to jail/prison during 2021?  Yes  No

If yes, the period of incarceration was: \_\_\_\_\_ to \_\_\_\_\_. Attach proof of incarceration (*may vary by location*)

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

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

**D. LIVING EXPENSES**

Looking back at **2021**, enter the **AVERAGE MONTHLY** cost for typical living expenses listed below for **your parent(s) household**. A response is required for EACH question below. *If an item does not apply to you, please enter -0- or N/A.*

Monthly Expense	Total Monthly Cost	Amount Paid by Parent(s)	Amount Paid by Others*	How many months were paid?	*If paid by "others," provide name/relationship
Housing* ( <i>rent, mortgage, etc.</i> )	\$ _____	\$ _____	\$ _____	_____	_____
Food* ( <i>groceries, meals out</i> )	\$ _____	\$ _____	\$ _____	_____	_____
Utilities* ( <i>gas, water, electric</i> )	\$ _____	\$ _____	\$ _____	_____	_____
Internet*	\$ _____	\$ _____	\$ _____	_____	_____
<b>SUBTOTAL</b>	\$ _____				

❖ If any expenses listed above were paid by someone other than the parent(s), provide the name of the homeowner OR responsible tenant: \_\_\_\_\_

Phone	\$ _____	\$ _____	\$ _____	_____	_____
Childcare/Dependent Care	\$ _____	\$ _____	\$ _____	_____	_____
Transportation ( <i>fuel, car payment, maintenance, or public transit</i> )	\$ _____	\$ _____	\$ _____	_____	_____
Clothing	\$ _____	\$ _____	\$ _____	_____	_____
Personal Care Items ( <i>toiletries</i> )	\$ _____	\$ _____	\$ _____	_____	_____
Other: _____	\$ _____	\$ _____	\$ _____	_____	_____
<b>SUBTOTAL</b>	\$ _____		<b>FAO USE: IN-KIND: \$</b> _____		<b>UNTAXED INC:</b> _____

**E. OTHER**

Provide a brief statement explaining how your parent(s) were able to cover **basic living expenses** in 2021.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**F. CERTIFICATION AND SIGNATURES**

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

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

DATE \_\_\_\_\_

PARENT SIGNATURE (REQUIRED) \_\_\_\_\_

DATE \_\_\_\_\_

**WARNING: If you purposely provide false or misleading information to obtain financial aid, you may be fined, sentenced to jail, or both.**

RETURN THIS COMPLETED FORM WITH REQUIRED DOCUMENTATION TO:  
**Wayne Community College – Financial Aid & Veterans Services – Wayne Learning Center**  
**PO Box 8002 – Goldsboro, NC 27533-8002**  
**FAX: 919-736-9425**