

STUDENT NAME: _____ **WCC ID #:** _____

ADDRESS: _____
STREET OR PO BOX CITY STATE ZIP

The income reported on your 2022-2023 FAFSA appears to be too low to cover basic living expenses. While 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 confirm the information that was reported before offering and/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 cannot be determined until the verification process is complete.**

INSTRUCTIONS: Complete this worksheet using blue or black ink, attach any required documentation, sign, and submit the completed package to WCC Financial Aid & Veteran Services. **IMPORTANT: If you were married on the day your FAFSA was submitted, remember to include information for your spouse.**

The Financial Aid & Veterans Services office will compare the information provided on the FAFSA for you and your spouse (*if married*) with the information contained 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. INCOME SOURCES

Provide information about **YEARLY** income received for the period of January 1, 2020 through December 31, 2020. A response is required for EACH question below. *If an item does not apply to you, please enter -0- or N/A.*

	STUDENT	SPOUSE (<i>if married</i>)	DOCUMENTATION REQUIRED
Earnings from work	\$ _____	\$ _____	All 2020 Form W-2's, 1099's or other statements of income earned
Pension or Retirement Funds	\$ _____	\$ _____	2020 IRS Form 1099-R
Unemployment Compensation	\$ _____	\$ _____	2020 IRS Form 1099-G
Social Security (<i>disability or SSI</i>)	\$ _____	\$ _____	2020 SSA-1099 (<i>Social Security office</i>)
Worker's Compensation	\$ _____	\$ _____	Final payment stub from 2020
Veteran's Non-Educational Benefits	\$ _____	\$ _____	VA Award Letter
Child Support (<i>received for all applicable dependents</i>)	\$ _____	\$ _____	Proof of Child Support received January 2020 – December 2020
Alimony or Spousal Support	\$ _____	\$ _____	Court Order
Other (<i>gifts, financial aid refunds, lottery or gambling winnings, etc.</i>)	\$ _____	\$ _____	To be determined
Total Income from all sources	\$ _____	\$ _____	

B. GOVERNMENT ASSISTANCE

Did any member of **your household** receive benefits from the federal or state programs listed below during 2020 or 2021? (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 2020 or 2021 | | |

C. INCARCERATION

Were you OR your spouse (*if married*) confined to jail/prison at any time during 2020? Yes No
If yes, the period of incarceration was: _____ to _____. Attach proof of incarceration (*may vary by location*)

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D. MONTHLY EXPENSES

Looking back at 2020, enter the **AVERAGE MONTHLY** cost for typical living expenses listed below for your 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	Monthly Cost	Amount Paid by Student/Spouse	Amount Paid by Others	How many months 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/Cable TV*	\$ _____	\$ _____	\$ _____	_____	_____
SUBTOTAL	\$ _____				

❖ If the expenses listed above were paid by someone other than the student or spouse, please 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: _____	\$ _____	\$ _____	\$ _____	_____	_____
SUBTOTAL	\$ _____		FAO USE - IN-KIND: \$ _____		UNTAXED INC: _____

E. OTHER

Provide a brief statement explaining how you were able to cover basic living expenses in 2020.

F. CERTIFICATION AND SIGNATURES

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

STUDENT SIGNATURE (REQUIRED) _____

DATE _____

SPOUSE SIGNATURE (OPTIONAL) _____

DATE _____

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