

The income reported on your 2017-2018 FAFSA does not appear to be sufficient to meet basic living expenses. While this may be due to the 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 awarding and/or disbursing federal student aid. The Financial Aid Office will compare the information reported on the FAFSA for you and your spouse (*if married*) with the information reported on this worksheet and any other required documentation. This worksheet may be requested in addition to other verification forms required by the U.S. Department of Education. ***Your eligibility for financial aid cannot be determined until the verification process has been completed.**

STUDENT NAME: _____

WCC ID #: _____

E-MAIL ADDRESS: _____

PHONE #: _____

INSTRUCTIONS: Complete and sign this worksheet, attach any required documentation, and submit the completed package to the WCC Financial Aid Office. If you were married on the day you signed and submitted your FAFSA, you are required to include information for your spouse. If there are any discrepancies between the information reported on your FAFSA and the documents submitted to our office, we may make the appropriate corrections to your FAFSA.

*For FAFSA purposes, **your household** includes you, your spouse (*if you were married on the day you signed and submitted your FAFSA*), and your or your spouse's children **IF** you or your spouse will provide more than half of their support between July 1, 2017 and June 30, 2018, even if the children do not live with you and your spouse. Include other people **ONLY** if they currently live with you **AND** you or your spouse provide more than half of their support **AND** will continue to provide more than half of their support between July 1, 2017 and June 30, 2018. **IMPORTANT: These guidelines apply to INDEPENDENT students only.** (*If you are a dependent student, please complete the DLIV form*)

NOTE: Support includes money, gifts, loans, housing, food, clothing, transportation, medical/dental care, college tuition, etc.

A. TAXABLE INCOME (enter a response for EACH question below; incomplete forms will be returned)			
Did <u>any</u> member of your household* receive income from the following sources in 2015?		TOTAL RECEIVED IN 2015	IF YES, SUBMIT REQUIRED DOCUMENTATION
Money earned from working (<i>including cash earnings that were not reported on a W2 or 1099</i>) ⁺	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	<u>All</u> 2015 W-2's, 1099's or other statements of income received
Unemployment Compensation	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	2015 Form 1099-G
Pension or Retirement Funds	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	2015 Form 1099-R
Business, Rental or Farm Income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	2015 Form 1099-MISC, 1099-G, etc.
Disability Payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	2015 SSA-1099, Form 1099-R or W-2
Alimony or Spousal Support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	Copy of the Court Order
Gambling or Lottery Winnings	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	2015 Form W-2G
Interest or Dividends	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	2015 Form 1099-INT or 1099-DIV
ENTER THE TOTAL OF ALL SOURCES OF TAXABLE INCOME HERE → \$ _____			

⁺Per IRS guidelines, individuals earning net self-employment income of \$400 or more are required to file a tax return.

B. NON-TAXABLE INCOME (enter a response for EACH question below; incomplete forms will be returned)			
Did <u>any</u> member of your household* receive income from the following sources in 2015?		TOTAL RECEIVED IN 2015	IF YES, SUBMIT REQUIRED DOCUMENTATION
Supplemental Security Income (SSI)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	2015 Benefit Verification Letter
Child Support for any of your or your spouse's children	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	Statement from Child Support Office confirming amounts received during January – December 2015
Worker's Compensation	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	Final Check Stub from 2015
Veteran's Non-Educational Benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	Award Letter
ENTER THE TOTAL OF ALL NON-TAXABLE SOURCES OF INCOME HERE → \$ _____			

C. INCARCERATION (check the appropriate box; incomplete forms will be returned)

Were you or your spouse incarcerated at any time during 2015?

☐ YES☐ NOIf YES, submit proof of the incarceration period
(documentation may vary depending on location)**D. PUBLIC ASSISTANCE** (enter a response for EACH question below; incomplete forms will be returned)Did any member of your household* receive benefits from the following sources in 2015?MONTHLY
VALUEHOW MANY MONTHS
RECEIVED IN 2015?

Housing Assistance (Section 8, HUD, etc.)

☐ YES☐ NO

\$ _____

Work First/TANF

☐ YES☐ NO

\$ _____

Food & Nutrition Services (Food Stamps, SNAP, etc.)

☐ YES☐ NO

\$ _____

Medicaid or WIC

☐ YES☐ NO\$ VOUCHER _____

ENTER THE TOTAL MONTHLY VALUE OF ALL BENEFITS HERE → \$ _____

E. ADDITIONAL INFORMATION (answer EACH question below; forms with blank responses will be returned)Did any member of your household* receive income OR support from the following sources in 2015?

Refunds from Federal and/or State Financial Aid

☐ YES☐ NO

If YES, what school did the household member attend? _____

Cash support provided by a parent, relative or friend
(to cover transportation, miscellaneous personal questions, etc.)☐ YES☐ NO

If YES, who provided the cash support?

Name: _____

Relationship to you: _____

TOTAL amount received in 2015: \$ _____

Payment of bills listed in **your name** by a parent, relative, friend, or relief agency (Salvation Army, church, etc.)☐ YES☐ NO

If YES, who paid the bills?

Name: _____

Relationship to you: _____

TOTAL amount paid in 2015: \$ _____

Housing provided **at no cost to you** by a parent, relative, friend, or relief agency (Salvation Army, church, etc.)☐ YES☐ NO

If YES, who provided the housing?

Name: _____

Relationship to you: _____

of months housing was provided: _____

Food and/or groceries provided **at no cost to you** by a parent, relative, friend, or relief agency (Salvation Army, church, etc.)☐ YES☐ NO

If YES, who provided the food/groceries?

Name: _____

Relationship to you: _____

of months received: _____

USE THE SPACE BELOW TO PROVIDE ANY OTHER INFORMATION NEEDED TO EXPLAIN HOW BASIC LIVING EXPENSES (food, shelter, utilities, clothing, personal items, etc.) WERE MET IN 2015. *If more space is needed, attach a separate page that includes the student's name and WCC ID#.

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, be sentenced to jail, or both.

RETURN THIS COMPLETED FORM WITH SUPPORTING DOCUMENTATION TO:

Wayne Community College - Financial Aid Office - PO Box 8002 - Goldsboro, NC 27533-8002

FAX: 919-736-9425 - EMAIL: wcc-finaid@waynecc.edu

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 with 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.