

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

**WCC ID #:** \_\_\_\_\_

The income reported on your 2019-2020 FAFSA seems to be too low to meet 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 awarding 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 has been completed.**

**INSTRUCTIONS:** You, and a parent whose information was reported on the FAFSA, must complete this worksheet in blue or black ink, attach any required documentation, sign, and submit the completed package to the WCC Financial Aid Office. **IMPORTANT:** *If your parent was married/remarried on the day you first signed and submitted the FAFSA, you are required to include information for each parent and/or stepparent.*

The Financial Aid Office will compare the information reported on the FAFSA for you and your parent(s) with the information reported on this worksheet and any other required documentation. If there are any discrepancies 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.**

INCOME SOURCES			
Provide information about <b>YEARLY</b> income received from January 1, 2017 through December 31, 2017. You must enter a response for EACH question below. <i>If an item does not apply to you, please enter -0- or N/A.</i>			
	STUDENT	PARENT(S)	DOCUMENTATION
Earnings from work	\$ _____	\$ _____	All 2017 Form W-2's, 1099's or other statements of income earned
Pension or Retirement Funds	\$ _____	\$ _____	2017 IRS Form 1099-R
Unemployment Compensation	\$ _____	\$ _____	2017 IRS Form 1099-G
Social Security	\$ _____	\$ _____	2017 SSA-1099 ( <i>Social Security Office</i> )
Worker's Compensation	\$ _____	\$ _____	Final payment stub from 2017
Veteran's Non-Educational Benefits	\$ _____	\$ _____	VA Award Letter
Child Support ( <i>received for all applicable dependents</i> )	\$ _____	\$ _____	Proof of Child Support received January – December 2017
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>	

GOVERNMENT ASSISTANCE		
<b>Review the federal assistance programs below and enter a check mark for all that were <u>received by any member of your parents' household</u>. *Answering these questions will NOT reduce your eligibility for student aid or these programs.</b>		
<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 2017		

INCARCERATION	
Was your <b>parent(s)</b> confined to jail/prison at any time during 2017?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, the period of incarceration was: _____ to _____. Attach proof of incarceration ( <i>may vary by location</i> )	

## MONTHLY EXPENSES

Provide the **AVERAGE MONTHLY** cost for the typical living expenses listed below for your parents' household. You must enter a response for **EACH** question below. *If an item does not apply to you, please enter -0- or N/A.*

Monthly Expense	Monthly Cost	Who Paid? (enter ✓ or X)		If paid by "other", provide name/relationship
		Parent	Other	
Housing ( <i>rent, mortgage, etc.</i> )	\$ _____	_____	_____	_____
Food ( <i>groceries, meals out</i> )	\$ _____	_____	_____	_____
Utilities ( <i>gas, water, electric</i> )	\$ _____	_____	_____	_____
Phone ( <i>cell or landline</i> )	\$ _____	_____	_____	_____
Internet/Cable TV	\$ _____	_____	_____	_____
Childcare/Dependent Care	\$ _____	_____	_____	_____
Transportation ( <i>fuel, car payment, maintenance, or public transit</i> )	\$ _____	_____	_____	_____
Clothing	\$ _____	_____	_____	_____
Personal Care Items ( <i>toiletries</i> )	\$ _____	_____	_____	_____
Other: _____	\$ _____	_____	_____	_____
<b>TOTAL EXPENSES</b>	<b>\$ _____</b>	<b>TOTAL X 12 months = \$ _____</b>		

## OTHER

Use the space below to provide any other information that will explain how your parent(s) met basic living expenses in 2017.

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## 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

\_\_\_\_\_  
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 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.*