

Low/No Income Verification Worksheet - Dependent Students (DLIV)

The income reported on the 2016-2017 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 parent(s) 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: You, and a parent whose information was reported on the FAFSA, must **complete and sign this worksheet, attach any required documentation and submit the completed package to the WCC Financial Aid Office**. If your parent was married (*or remarried*) on the day you signed your FAFSA, you are required to provide information for each parent/step-parent. If there are any inconsistencies between the information reported on your FAFSA and the documents submitted to our office, we will make any required corrections.

*For FAFSA purposes, your **parents' household** includes you AND your parent(s)/step-parent, even if you do not live with your parent(s); your parents' other children, even if they do not live with your parent(s), **IF** your parent(s) will provide more than half of their support between July 1, 2016 and June 30, 2017, **OR** if the children would be considered dependent when completing a 2016-2017 FAFSA. Include other people **ONLY** if they currently live with your parent(s) **AND** your parent(s) provide more than half of their support **AND** will continue to provide more than half of their support through June 30, 2017. **IMPORTANT: These guidelines apply to DEPENDENT students only.** (*If you are an independent student, please complete the INLIV 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)			
IN 2015, DID ANY MEMBER OF YOUR PARENTS' HOUSEHOLD RECEIVE ANY OF THE FOLLOWING?		AMOUNT RCVD 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	\$ _____	All 2015 W-2's, 1099's or other statements of income received 2015
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
ADD ALL SOURCES OF INCOME AND ENTER THE TOTAL HERE →			\$ _____

⁺Per IRS guidelines, anyone who earns net self-employment income of \$400 or more is required to file a tax return.

B. NON-TAXABLE INCOME (enter a response for EACH question below; incomplete forms will be returned)			
IN 2015, DID ANY MEMBER OF YOUR PARENTS' HOUSEHOLD RECEIVE ANY OF THE FOLLOWING?		AMOUNT RCVD 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 parent'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
ADD ALL SOURCES OF INCOME AND ENTER THE TOTAL HERE →			\$ _____

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

Was your parent(s) incarcerated at any time during 2015? YES NO

If YES, submit proof of incarceration period
(documentation may vary depending on location)

D. PUBLIC ASSISTANCE (enter a response for EACH question below; incomplete forms will be returned)

IN 2015, DID ANY MEMBER OF YOUR PARENTS' HOUSEHOLD RECEIVE ANY OF THE FOLLOWING?

MONTHLY VALUE

OF MONTHS RECEIVED

Housing Assistance (Section 8, HUD, etc.)

YES NO

\$ _____

Work First/TANF

YES NO

\$ _____

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

YES NO

\$ _____

WIC

YES NO

\$ VOUCHER _____

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

E. ADDITIONAL INFORMATION (enter a response for EACH question below; incomplete forms will be returned)

IN 2015, DID YOU OR ANY MEMBER OF YOUR FAMILY RECEIVE ANY OF THE FOLLOWING?

Refunds from Federal and/or State Financial Aid

YES NO

If YES, what school did the household member attend?

Cash support provided by a relative or friend
(to cover transportation, miscellaneous personal items, etc.)

YES NO

If YES, who provided the cash support?
Name: _____

Relationship to your parent: _____

TOTAL amount received in 2015: \$ _____

Payment of bills listed in **your parent's name** by a relative, friend or relief agency (Salvation Army, church, etc.)

YES NO

If YES, who paid the bills?
Name: _____

Relationship to your parent: _____

Amount Paid: \$ _____ # of months: _____

Housing provided at no cost to your parent(s) by a relative, friend or relief agency (Salvation Army, church, etc.)

YES NO

If YES, who provided the housing?
Name: _____

Relationship to your parent: _____

of months housing was provided: _____

Food and/or groceries provided at no cost to your parent(s) by a relative, friend or relief agency (Salvation Army, church, etc.)

YES NO

If YES, who provided the food/groceries?
Name: _____

Relationship to your parent: _____

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 supporting documentation is true and complete.

STUDENT SIGNATURE (REQUIRED) NOTE: Print before signing - digital signatures are not acceptable

DATE

PARENT SIGNATURE (REQUIRED)

DATE

WARNING: If you purposely provide false or misleading information on this worksheet, you may be fined, 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.