

The income reported on your 2018-2019 FAFSA appears to be too low 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 this worksheet, attach any required documentation, sign, and submit the completed package to the WCC Financial Aid Office.** If your parent was married (or remarried) on the day you signed and submitted your FAFSA, you are required to provide information for each parent and/or step-parent. 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.**

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, 2018 and June 30, 2019, **OR** if the children would be considered dependent when completing a 2018-2019 FAFSA. Include other people **ONLY** if they now 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 between July 1, 2018 and June 30, 2019. **IMPORTANT: These guidelines apply to DEPENDENT students only.** (Independent students should complete the Low/No Income Verification Worksheet-Independent Students)

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 any member of your parents' household receive income from the sources listed below during 2016? | | TOTAL RCVD IN 2016 | IF YES, SUBMIT REQUIRED DOCUMENTATION |
| Money earned from working (including cash earnings that were not reported on a W2 or 1099)* | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ _____ | All 2016 W-2's, 1099's, and/or other statements of income earned |
| Unemployment Compensation | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ _____ | 2016 Form 1099-G |
| Pension or Retirement Funds | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ _____ | 2016 Form 1099-R |
| Business, Rental or Farm Income | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ _____ | 2016 Form 1099-MISC, 1099-G, etc. |
| Disability Payments | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ _____ | 2016 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 | \$ _____ | 2016 Form W-2G |
| Interest or Dividends | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ _____ | 2016 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. UNTAXED INCOME (enter a response for EACH question below; incomplete forms will be returned) | | | |
|--|--|---------------------------|---|
| Did any member of your parents' household receive income from the sources listed below during 2016? | | TOTAL RCVD IN 2016 | IF YES, SUBMIT REQUIRED DOCUMENTATION |
| Supplemental Security Income (SSI) | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ _____ | 2016 Benefit Verification Letter |
| Child Support for any of your parent's children | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ _____ | Proof of Child Support received January – December 2016 |
| Worker's Compensation | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ _____ | Final Check Stub from 2016 |
| Veteran's Non-Educational Benefits | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ _____ | VA Award Letter |
| ENTER THE TOTAL OF ALL SOURCES OF UNTAXED INCOME HERE → | | \$ _____ | |

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

Was your parent(s) confined to jail/prison at any time during 2016? 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)

Table with 4 columns: Question, YES/NO checkboxes, MONTHLY VALUE, and HOW MANY MONTHS RCVD IN 2016?. Rows include Housing Assistance, Work First/TANF, Food & Nutrition Services, and Medicaid or WIC. Includes a total value entry line at the bottom.

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

Did any member of your parents' household receive income OR support from the sources listed below in 2016 OR 2017? Questions include Refunds from Federal and/or State Financial Aid, Cash support provided by a relative or friend, Payment of bills listed in your parent's name by a relative, friend or relief agency, Housing provided at no cost to your parent(s) by a relative, friend or relief agency, and Food and/or groceries provided at no cost to your parent(s) by a relative, friend or relief agency.

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 2016.

-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

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 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.