

STUDENT NAME: _____

WCC ID #: _____

ADDRESS: _____
STREET OR PO BOX CITY STATE ZIP

On the 2022-2023 FAFSA you replied that you [or, for dependent students, your parent(s)] provide more than half of the support for a child OR other dependent(s). The Financial Aid & Veterans Services office requires corroboration of this support.

PLEASE NOTE – Your eligibility for financial aid cannot be determined until the verification process is complete.

INSTRUCTIONS: You [or your parent, if requested] should complete this form using blue or black ink, attach relevant supporting documentation, sign, and submit the completed package to the WCC Financial Aid & Veterans Services office for review.

IMPORTANT – Students who are unable to provide documentation of providing greater than 50% of the support for a qualified dependent will need to correct question #50 on the FAFSA and may be required to provide parent information.

In the spaces below, list your qualified dependent(s). *Documentation of the relationship is required (birth certificates, court documents, etc.)*

- Include your children if you will provide **MORE THAN HALF** of their support from July 1, 2022 through June 30, 2023, even if the children do not live with you.
- Include other people **ONLY** if they meet **all** the following criteria:
 - 1) They now live with you; AND
 - 2) They currently receive **MORE THAN HALF** of their support from you; AND
 - 3) They will continue to receive **MORE THAN HALF** of their support from you through June 30, 2023.

NOTE: Support includes money, housing, food, clothing, medical/dental care, transportation, payment of college costs, and similar expenses.

❖ **The person supporting the dependents below is:** Independent Student Parent of a Dependent Student

FULL NAME OF DEPENDENT(S) ⇒ ATTACH copies of birth certificates, court documents, etc.	AGE	LAST 4 DIGITS OF SSN	RELATIONSHIP TO YOU

~if you need additional space, please attach a separate sheet of paper that includes the student's name and WCC ID~

Where is the STUDENT living?

- In the student's own house, apt. condo, etc.
(⇒ ATTACH a copy of the lease, mortgage, or other proof of housing in the student's name)
- With the student's parent(s)
- With the child's other parent
Name: _____
- Other: _____

Where is/are the DEPENDENT(S) named above living?

- With the student
- With the child's other parent
- With the student's parent(s)
- Other (please explain): _____

Do you provide medical coverage for the DEPENDENT(S) named above?

- Yes Medicaid No
- (⇒ ATTACH a copy of the medical card) Who provides medical coverage? _____

If you are an Independent Student, will you pay someone to care for your dependent(s) while you are attending class?

- Yes Amount Paid: \$ _____ per _____ No

Who claimed the STUDENT on the 2021 federal tax return?

- The student The student's parent(s) Other: _____

Who claimed the DEPENDENT(S) named above on the 2021 federal tax return?

- The student The student's parent(s) Other: _____ Born in 2022
- (if the dependent was claimed by the student or student's parent(s), ⇒ ATTACH a copy of the applicable 2021 federal tax return)

Did the DEPENDENT(S) named above file a federal tax return for 2021?

- Yes (⇒ ATTACH a copy of the DEPENDENT'S 2021 tax return and W-2's) No

Who will claim the DEPENDENT(S) named above on the 2022 federal tax return?

Name: _____ Relationship to the dependent(s): _____

Does the **DEPENDENT(S)** listed on page 1 receive earnings or benefits in his/her own name? (check all that apply)

- Wages: amount \$ _____ per _____ Retirement: monthly amount \$ _____
 Social Security/SSI: monthly amount \$ _____ VA Benefits: monthly amount \$ _____
 Public Assistance: type: _____ Other: amount \$ _____ per _____
 My dependent is not employed and receives no benefits

CURRENT MONTHLY INCOME/BENEFITS INFORMATION – do not leave blank – if an item does not apply to you, please enter -0- or N/A.			
TYPE OF INCOME	STUDENT	PARENT [Dependent Students Only]	SUPPORTING DOCUMENTATION REQUIRED
Earnings from work	\$ _____	\$ _____	copy of the most recent pay stub
Unemployment	\$ _____	\$ _____	copy of current benefit statement
Social Security/SSI	\$ _____	\$ _____	copy of current benefit statement
Child Support RECEIVED	\$ _____	\$ _____	proof of support received for all children for the past 12 months (statement from child support agency, bank statements, copies of checks)
Work First/TANF	\$ _____	\$ _____	statement from DSS
SNAP/Food Stamps	\$ _____	\$ _____	copy of EBT card or statement from DSS
WIC	VOUCHER	VOUCHER	statement from DSS
TOTAL MONTHLY INCOME	\$ _____	\$ _____	

Do you receive support from sources not included elsewhere on this form? (example: gifts, loans, etc. from family, friends, or others)

- Yes No

If yes, list the person who provides support, relationship to the student, type of assistance, and amount provided each month:

Person/Relationship to Student	Type of Assistance	Amount per Month
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

CURRENT MONTHLY EXPENSES – a response is required for each item listed – if an expense does not apply to you, please enter -0- or N/A.				
Monthly Expense	Monthly Cost	Amounts Paid by:		If paid by "other", provide name & relationship
		Student	Parent/Other	
Housing (rent, mortgage, etc.)	\$ _____	\$ _____	\$ _____	
Food (groceries, meals out)	\$ _____	\$ _____	\$ _____	
Utilities (gas, water, electric)	\$ _____	\$ _____	\$ _____	
Internet/Cable or Satellite TV	\$ _____	\$ _____	\$ _____	
Phone (cell or landline)	\$ _____	\$ _____	\$ _____	
Childcare/Dependent Care *	\$ _____	\$ _____	\$ _____	
Transportation (gas, car payment, auto insurance, maintenance, or mass transit expenses)	\$ _____	\$ _____	\$ _____	
Child Support PAID by you *	\$ _____	\$ _____	\$ _____	
Other: _____	\$ _____	\$ _____	\$ _____	
TOTAL MONTHLY EXPENSES	\$ _____	\$ _____	\$ _____	

* supporting documentation may be required

CERTIFICATION AND SIGNATURE

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 FOR DEPENDENT STUDENTS)

DATE

RETURN THIS COMPLETED FORM WITH REQUIRED DOCUMENTATION TO:
 Wayne Community College - Financial Aid & Veterans Services - PO Box 8002 - Goldsboro, NC 27533-8002
 FAX: 919-736-9425