

STUDENT NAME: _____ **STUDENT ID:** _____

ADDRESS: _____
STREET OR PO BOX CITY STATE ZIP

The household income reported on your 2023-2024 FAFSA seems too low to cover basic living expenses. Although 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 verify the information reported before offering 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 can be established only when the verification process is complete.**

INSTRUCTIONS: Complete this worksheet using blue or black ink, attach any required documentation, sign, and return the completed package to Financial Aid & Veteran Services. **IMPORTANT: If you were married on the day your FAFSA was submitted, remember to include information for your spouse.**

Financial Aid & Veterans Services staff will compare the information provided on the FAFSA for you and your spouse (*if married*) with the information in this worksheet and any other required documentation. If there are any inconsistencies 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.**

A. ANNUAL INCOME

Provide information about the income received in your household from January 1, 2021, through December 31, 2021. A response is required for EACH question below. If an item does not apply to you, please enter -0- or N/A.

	STUDENT	SPOUSE (<i>if married</i>)	DOCUMENTATION REQUIRED
Earnings from work	\$ _____	\$ _____	All 2021 Form W-2s, 1099's, or other statements of income earned
Pension or Retirement Funds	\$ _____	\$ _____	2021 IRS Form 1099-R
Unemployment Compensation	\$ _____	\$ _____	2021 IRS Form 1099-G
Social Security (<i>disability or SSI</i>)	\$ _____	\$ _____	2021 SSA-1099 (<i>Social Security office</i>)
Worker's Compensation	\$ _____	\$ _____	Final payment stub from 2021
Veteran's Non-Educational Benefits	\$ _____	\$ _____	VA Award Letter
Child Support (<i>received for all applicable dependents</i>)	\$ _____	\$ _____	Proof of Child Support received January 2021 – December 2021
Alimony or Spousal Support	\$ _____	\$ _____	Court Order
Other (<i>gifts, financial aid refunds, lottery or gambling winnings, etc.</i>)	\$ _____	\$ _____	To be determined
Total Income from all sources	\$ _____	\$ _____	

B. GOVERNMENT ASSISTANCE

Did any member of your household receive benefits from the federal or state programs listed below during 2021 or 2022? (Check all that apply) **Answering these questions will NOT reduce your eligibility for student aid or these programs.*

- | | | |
|---|--|---|
| <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 2021 or 2022 | | |

C. INCARCERATION

Were you OR your spouse (*if married*) confined to jail/prison during 2021? Yes No
If yes, the period of incarceration was: _____ to _____. Attach proof of incarceration (*may vary by location*)

STUDENT NAME: _____

STUDENT ID: _____

D. LIVING EXPENSES

Looking back at 2021, enter the **AVERAGE MONTHLY** cost for typical living expenses listed below **for your household**. A response is required for EACH question below. *If an item does not apply to you, please enter -0- or N/A.*

Monthly Expense	Monthly Cost	Amount Paid by Student/ Spouse	Amount Paid by Others*	How many months paid	*If paid by "others," provide name/relationship
Housing* (<i>rent, mortgage, etc.</i>)	\$ _____	\$ _____	\$ _____	_____	_____
Food* (<i>groceries, meals out</i>)	\$ _____	\$ _____	\$ _____	_____	_____
Utilities* (<i>gas, water, electric</i>)	\$ _____	\$ _____	\$ _____	_____	_____
Internet*	\$ _____	\$ _____	\$ _____	_____	_____
SUBTOTAL	\$ _____				
❖ If any expenses listed above were paid by anyone other than the student or spouse, enter the name of the homeowner OR responsible tenant: _____					
Phone	\$ _____	\$ _____	\$ _____	_____	_____
Childcare/Dependent Care	\$ _____	\$ _____	\$ _____	_____	_____
Transportation (<i>fuel, car payment, maintenance, or public transit</i>)	\$ _____	\$ _____	\$ _____	_____	_____
Clothing	\$ _____	\$ _____	\$ _____	_____	_____
Personal Care Items (<i>toiletries</i>)	\$ _____	\$ _____	\$ _____	_____	_____
Other: _____	\$ _____	\$ _____	\$ _____	_____	_____
SUBTOTAL	\$ _____		FAO USE:	IN-KIND: \$	UNTAXED INC:

E. OTHER

Provide a brief statement explaining how you could cover **basic living expenses** in 2021.

F. CERTIFICATION AND SIGNATURES

By signing below, I certify that all information reported on this form and any documentation provided is accurate 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, sentenced to jail, or both.

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