



Please return this form to:
 Wilmington College 937.382.6661
 Pyle Center Box 1184 800.341.9318 x600
 1870 Quaker Way wilmington.edu
 Wilmington, OH 45177 sos@wilmington.edu
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2019-2020 PARENT LOW INCOME VERIFICATION

The income reported for your parent(s) on your Free Application for Federal Student Aid (FAFSA) does not appear to be sufficient to meet your and your family's basic living expenses (housing, utilities, food, clothing, insurance, etc.). Your parent(s) may have additional resources (other than earnings from employment) that should have been included on your FAFSA. Therefore, your parent(s) must provide us with additional information before the Wilmington College Student One Stop Center can determine your eligibility for financial aid.

SECTION A: STUDENT INFORMATION

STUDENT NAME: _____ STUDENT ID: _____
 ADDRESS: _____ CELL PHONE: _____
 CITY: _____ STATE: _____ ZIP: _____ EMAIL: _____

SECTION B1: HOUSEHOLD INCOME *(Your parent(s) should answer the following questions.)*

List all forms of income/resources your parent(s) had during calendar year 2017. If your parent(s) list little or no income/resources they are required to provide an explanation in the space provided on the reverse side of this form. Not all types of income are considered when determining financial aid eligibility. The intent is to establish how your family is being supported by the income reported on the FAFSA.

- Did your parent(s) receive free housing from a friend, relative, or someone with whom they have a relationship? No YES
- Did your parent(s) receive food/groceries from a friend, relative, or someone with whom they have a relationship? No YES
- Did your parent(s) receive free child care from a friend, relative, or someone with whom they have a relationship? No YES

| 2017 Parent Income/Resources | Annual Amount from 01/01/17 - 12/31/17 |
|--|--|
| Mother/Parent 1 Income from Work | |
| Father/Parent 2 Income from Work | |
| Resources from Relatives (specify expense(s) covered) | |
| Resources from Boyfriend/Girlfriend (specify expense(s) covered) | |
| Resources from Partner/Life Partner (specify expense(s) covered) | |
| Unemployment or Disability Benefits | |
| Workman's Compensation | |
| Child Support Received | |
| Spousal Support/Alimony Received | |
| Business, Rental, or Farm Income | |
| Trust Fund Income | |
| Interest/Dividend Income | |
| Social Security Benefits | |
| Public Assistance (specify programs) | |
| Subsidized Housing | |
| Supplemental Nutrition Assistance Program (formerly Food Stamps) | |
| Veteran's Benefits (non-education) | |
| Financial Aid Refund | |
| Other (specify) | |
| TOTAL 2017 ANNUAL INCOME/RESOURCES | |

SECTION B2: HOUSEHOLD EXPENSES *(Your parent(s) should answer the following questions.)*

| 2017 Parent Expenses | Annual Amount from 01/01/17 - 12/31/17 |
|--|--|
| Rent or Mortgage Payment | |
| Car Payment | |
| Car Fuel and Maintenance | |
| Groceries | |
| Medical, Dental, & Vision Insurance | |
| Life, Car, Home Insurance | |
| Out of Pocket Medical, Dental, & Vision Expenses | |
| Clothing | |
| Child Care | |
| Natural Gas or Fuel Oil Bill | |
| Electric Bill | |
| Water, Sewage, Garbage Bill | |
| Regular/Cell Phone Bill | |
| Cable/Satellite TV Bill | |
| Internet Provider Bill | |
| Recreation/Entertainment | |
| Miscellaneous Personal Expenses | |
| Court Ordered Child Support Payments | |
| Court Ordered Spousal/Alimony Payments | |
| Other (specify) | |
| TOTAL 2017 ANNUAL EXPENSES | |

SECTION B3: ADDITIONAL INFORMATION

Please add any clarifying comments regarding your family situation that will help with our review. If your parent(s) listed few or no expenses and/or income, they are required to provide an explanation. Failure to do so may cause unnecessary delays in the processing of your federal financial aid application.

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SECTION C: CERTIFICATION

By signing this form, I certify the information on the form and any attachments are accurate and complete to the best of my knowledge and that there is no forgery of signature(s). The information supplied on this form supersedes that which was provided on the FAFSA. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

STUDENT SIGNATURE: _____

DATE: _____

PARENT SIGNATURE: _____

DATE: _____