

**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
 937.383.8564 f

2019-2020 STUDENT LOW INCOME VERIFICATION

The income reported for you (and spouse, if married) 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.). You may have additional resources (other than earnings from employment) that should have been included on your FAFSA. Therefore, you 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 *(The student and spouse, if married, should answer the following questions.)*

List all forms of income/resources you had during calendar year 2017. If you list little or no income/resources you 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 you receive free housing from a parent, friend, relative, or someone with whom you have a relationship? No Yes
- Did you receive food/groceries from a parent, friend, relative, or someone with whom you have a relationship? No Yes
- Did you receive free child care from a parent, friend, relative, or someone with whom you have a relationship? No Yes

2017 Student/Spouse Income/Resources	Annual Amount from 01/01/17 - 12/31/17
Income from Work	
Spouse's Income from Work	
Resources from Parents/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 *(The student and spouse, if married, should answer the following questions.)*

2017 Student/Spouse 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 you listed few or no expenses and/or income, you are required to provide an explanation. Failure to do so may cause unnecessary delays in the processing of your federal financial aid application.

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'S SIGNATURE: _____	DATE: _____
SPOUSE'S SIGNATURE: _____	DATE: _____