WEATHERFORD COLLEGE 1869

2024-2025 LOW INCOME WORKSHEET

DEPARTMENT OF FINANCIAL AID

Student's Last Name | Student's First Name | Middle Initial | Social Security Number

The income reported on your 2023/24 FAFSA appears insufficient to support the number of people in your household. Report amounts paid for each **2021** expenditure, including cash paid by a third party. Do not leave any item blank.

Independent students must fill out information based on their household.

Dependent students must fill out information based on parent's household.

FEDERAL BENEFITS

YES, or NO - did anyone in your household receive any of the following federal benefits in **2022 or 2023**?

	Free or Reduced Lunch
	SSI or SSDI – Supplemental Security Income or Supplemental Security Disability Income
	TANF – Temporary Assistance for Needy Families
	WIC – Special Supplemental Nutrition Program for Women, Infants, and Children
	SNAP –2017 or 2018 Supplemental Nutrition Assistance Program
	Medicaid

2022 MONTHLY HOUSEHOLD INCOME/RESOURCES

Supporting documentation of income may be required: W-2 statements, Social Security Administration statements, Employment Security Commission statements, Child Support Enforcement statements, and/or notarized statement from third party providing income/resource.	Amount Received **Monthly**
Income from work – before taxes or deductions	$
Unemployment	$
Disability	$
Child Support Received	$
Social Security Benefits	$
Public Assistance/Subsidized Housing Income	$
Veterans Benefits and Housing (non-educational)	$
Support Received from a third party (relatives/friends/other)	$

2022 MONTHLY HOUSEHOLD EXPENSES

Attach a separate sheet if additional space is needed	Amount Paid Monthly	Name on bill	Who paid the bill (indicate a name)	Relationship to self
Rent/Mortgage	$			
Electric, Gas, and Water	$			
Credit Card and Loans	$			
Car Payment, Insurance, and Gasoline	$			
Groceries/Food	$			

Student's Last Name _____ Student's First Name _____ Middle Initial _____ Student's Social Security Number _____

2022 MONTHLY HOUSEHOLD EXPENSES-CONTINUED

Attach a separate sheet if additional space is needed	Amount Paid Monthly	Name on bill	Who paid the bill (indicate a name)	Relationship to self
Telephone/Cell phone, Cable, and Internet	$			
Child Care Expenses	$			
Medical, Dental, Vision and/or Insurance	$			
College Costs not supported by Financial Aid	$			
Incidentals (clothing, entertainment, gifts, etc.)	$			
Other	$			

EXPLANATION OF SITUATION: Please explain how you supported yourself/family in 2022; include details regarding how above living expenses were met and who was the third-party payer along with their relationship to you (relative, friend, organization)

Before signing, please check the accuracy and completeness. **There should be no blank or unanswered questions even if the answer is zero**. Incomplete forms will be returned and will delay processing of Financial Aid.

By signing this form, I, _____, certify that all information reported is complete and correct. (print name)

Student signature: _____ Date: _____

If Dependent student:

Parent signature: _____ Date: _____

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to prison, or both.

PLEASE RETURN ALL FORMS AND DOCUMENTATION—list student's name and Social Security Number at top of all documents

Weatherford College Financial Aid Office
225 College Park Drive
Weatherford, Texas 76086

Upload form to WC Aid Verification or Docs@wc.edu

Phone: (817) 598-6295

Revised 4/4/24 AMY

Office Use: