

Student's Last Name

Student's First Name

Middle Initial

Social Security Number

The income reported on your 2019/20 FAFSA appears insufficient to support the number of people in your household. Report amounts paid for each **2017** 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 **2017 or 2018**?

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

**2017 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)  | \$                      |

**2017 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 \_\_\_\_\_

| <b>2017 MONTHLY HOUSEHOLD EXPENSES-CONTINUED</b>      |                     |              |                                     |                      |
|---|---------------------|--------------|-------------------------------------|----------------------|
| 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 2017; 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.**

|   |   |                         |
|---|---|-------------------------|
| <b>PLEASE RETURN ALL FORMS AND DOCUMENTATION—list student's name and Social Security Number at top of all documents</b>   |   |                         |
| Weatherford College Financial Aid Office<br>225 College Park Drive<br>Weatherford, Texas 76086<br><br>Revised 2/4/2019 DR | Upload form to WC Aid Verification:<br><a href="https://wc-pm.campuslogic.com">https://wc-pm.campuslogic.com</a><br><br>Phone: (817) 598-6295<br>Web Site: <a href="http://www.wc.edu/financialaid">www.wc.edu/financialaid</a> | Office Use:<br><br><br> |