

937.382.6661 800.341.9318 x600 wilmington.edu sos@wilmington.edu 937.383.8564 f

2022-2023 STUDENT LOW INCOME VERIFICATION FORM

The income reported for you (and spouse, if married) on your Free Application for Federal Student Aid (FAFSA) does not appear to be enough 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: I	Email:	
SECTION B1: HOUSEHOLD INCOME (Student & Spouse if married)		
List all forms of income/resources you had during calendar year 2021. If you list little or no income/resources, you are required to provide an explanation in the space provided on the second 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? Image: No YES Did you receive food/groceries from a parent, friend, relative, or someone with whom you have a relationship? Image: No YES Did you receive free childcare from a parent, friend, relative, or someone with whom you have a relationship? Image: No YES		
2021 Student & Spouse (if married) Income/Resources	Annual Amount from 01/01/2021 - 12/31/2021	
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		
TOTAL 2021 ANNUAL INCOME/RESOURCES		

CTION B2: HOUSEHOLD EXPENSES	Annual Amount 01/01/2021-12/31/2021
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)	
TAL 2021 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 typing my name below, which serves as my electronic signature, I certify the information on the form and any associated documents submitted are accurate and complete to the best of my knowledge and that there is no forgery. 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: _____