



OFFICE OF FINANCIAL AID
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2021-2022 Low/No Income Verification for Dependent Students

STUDENT NAME: _____ STUDENT ID: _____

The income reported on your 2021-2022 FAFSA for you and your parent(s) does not appear to be sufficient to meet basic living expenses. This could be due to the exclusion of some types of income on the FAFSA. In order for the Financial Aid Office to continue processing your file, you and your parent(s) must provide additional information. This form may be requested in addition to Verification forms required by the U.S. Department of Education. **Your eligibility for financial aid cannot be determined until the verification process is complete.**

*Your **parent's household** includes yourself AND your parent(s) (*including step-parents*) even if you do not live with your parent(s), your parents other children, even if they don't live with your parent(s), if (a) your parent will provide more than half of the their support* from July 1, 2021 through June 30, 2022, OR (b) the children would be required to provide parental information when completing a 2021-2022 FAFSA and other people if they now live with your parent(s) AND your parent(s) provide more than half of their support* and will continue to provide more than half of their support through June 30, 2022. ***Support includes money, gifts, loans, housing, food, clothing, transportation, medical/dental care, college tuition, etc.**

A. TAXABLE INCOME (Answer EACH question below; forms with blank responses will be returned for completion)			
AT ANY TIME DURING 2019, DID A MEMBER OF YOUR <u>PARENT'S HOUSEHOLD</u> , RECEIVE ANY OF THE FOLLOWING?			
INCOME	TOTAL RCVD IN 2019	REQUIRED DOCUMENTATION	
Money earned from working (<i>also include cash earnings that were not reported on a W2 or 1099</i>)*	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	All W2's, 1099's or other statements of income received
Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	1099-G
Pension or Retirement Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	1099-R
Business, Rental or Farm Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	1099-MISC, 1099-G, etc.
Disability Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	SSA 1099, 1099-R or W2
Alimony or Spousal Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	Court Order
Gambling or Lottery Winnings	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	W2G
Interest or Dividends	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	1099-INT or 1099-DIV
TOTAL TAXABLE INCOME		\$ _____	

* Per IRS guidelines, anyone with self-employment income of \$400 or more, is required to file a tax return

B. UNTAXED INCOME (Answer EACH question below; forms with blank responses will be returned for completion)			
AT ANY TIME DURING 2019, DID A MEMBER OF YOUR <u>PARENT'S HOUSEHOLD</u> RECEIVE ANY OF THE FOLLOWING?			
SOURCE		AMOUNT RECEIVED IN 2019	
Child Support Received for your or your spouse's children	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	
Worker's Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	
Veteran's Non-Educational Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	
TOTAL UNTAXED INCOME		\$ _____	

C. INCARCERATION

At any time during 2019 were your parent's incarcerated? YES NO If YES, submit proof of incarceration period

D. HOUSEHOLD BENEFITS (Answer EACH question below; forms with blank responses will be returned for completion)

AT ANY TIME DURING 2019, DID A MEMBER OF YOUR PARENT'S HOUSEHOLD RECEIVE ANY OF THE FOLLOWING BENEFITS?

- MEDICAID/SSI YES NO
- Subsidized Housing (*Section 8, etc.*) (list the **family cost** for housing) YES NO
- TANF/AFDC YES NO
- SNAP YES NO
- WIC YES NO

E. OTHER INFORMATION (Answer EACH question below; forms with blank responses will be returned for completion)

AT ANY TIME DURING 2019 DID A MEMBER OF YOUR PARENT'S HOUSEHOLD RECEIVE ANY OF THE FOLLOWING?

- Refunds from Federal and/or State Financial Aid? YES NO If YES, what school did the household member attend? Name: _____
- Cash support from a parent, relative or friend YES NO If YES, who provided the cash support? Name: _____ Relationship to your parent: _____ Amount received in 2019: \$ _____ If YES, who paid the bills? Name: _____
- Payment of bills listed in your name by a parent, relative or friend YES NO Relationship to your parent: _____ Amount Paid: \$ _____ # of months: _____
- Free housing from a parent, relative or friend YES NO If YES, who provided the housing? Name: _____ Relationship to your parent: _____ # of months housing was provided: _____
- Food, groceries from a parent, relative or friend YES NO If YES, who provided the food/groceries? Name: _____ Relationship to your parent: _____ # of months received: _____

F. CERTIFICATION AND SIGNATURES

Each person signing below certifies that all of the information reported on this form is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

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

Student's Signature

Date

Parent's Signature

Date