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## 2022-2023 Low/No Income Verification for Dependent Students

STUDENT NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

The income reported on your 2022-2023 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, 2022 through June 30, 2023, OR (b) the children would be required to provide parental information when completing a 2022-2023 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, 2023. **\*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 2020, DID A MEMBER OF YOUR <u>PARENT'S HOUSEHOLD</u> , RECEIVE ANY OF THE FOLLOWING?			
INCOME	<input type="checkbox"/> Yes <input type="checkbox"/> No	TOTAL RCVD IN 2020	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
<b>TOTAL TAXABLE INCOME</b>		<b>\$ _____</b>	

\* 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 2020, DID A MEMBER OF YOUR <u>PARENT'S HOUSEHOLD</u> RECEIVE ANY OF THE FOLLOWING?		
SOURCE	<input type="checkbox"/> Yes <input type="checkbox"/> No	AMOUNT RECEIVED IN 2020
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	\$ _____
<b>TOTAL UNTAXED INCOME</b>		<b>\$ _____</b>

**C. INCARCERATION**

At any time during 2020 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 2020, 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 2020 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 2020: \$ \_\_\_\_\_ 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