



OFFICE OF FINANCIAL AID
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2022-2023 Low/No Income Verification for Independent Students

STUDENT NAME: _____

STUDENT ID: _____

The income reported on your 2022-2023 FAFSA 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 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 **household** includes you, your spouse (*if you were married on the day you signed your FAFSA*), your or your spouse's children if you or your spouse will provide more than half of their support* from July 1, 2022 through June 30, 2023, even if the children do not live with you and your spouse, and other people if they now live with you AND you or your spouse 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 YOU, OR A MEMBER OF <u>YOUR HOUSEHOLD</u> , RECEIVE ANY OF THE FOLLOWING? | | | |
| INCOME | 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 |
| 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 2020, DID YOU, OR A MEMBER OF <u>YOUR HOUSEHOLD</u> , RECEIVE ANY OF THE FOLLOWING? | | | |
| SOURCE | | 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 | \$ _____ | |
| TOTAL NON-TAXABLE INCOME | | \$ _____ | |

C. INCARCERATION

At any time during 2020 were you or your spouse (*if married*) 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 HOUSEHOLD RECEIVE ANY OF THE FOLLOWING BENEFITS?

SSI/Medicaid 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. HOUSEHOLD BENEFITS (Answer EACH question; forms with blank responses will be returned for completion)

AT ANY TIME DURING 2020, DID YOU, OR A MEMBER OF YOUR HOUSEHOLD, RECEIVE ANY OF THE FOLLOWING?

AT ANY TIME DURING 2020 DID YOU OR YOUR SPOUSE (IF MARRIED) RECEIVE ANY OF THE FOLLOWING?

Refunds from Federal and/or State Financial Aid? YES NO If YES, what school did you or your spouse attend?
Name: _____

Cash support from a parent, relative or friend YES NO If YES, who provided the cash support?
Name: _____
Relationship to you: _____
Amount received in 2020: \$ _____

Payment of bills listed in your name by a parent, relative or friend YES NO If YES, who paid the bills?
Name: _____
Relationship to you: _____
Amount Paid: \$ _____ # of months: _____

Free housing from a parent, relative or friend YES NO If YES, who provided the housing?
Name: _____
Relationship to you: _____
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 you: _____
of months received: _____

IN THE SPACE BELOW, PROVIDE ANY OTHER INFORMATION NEEDED TO EXPLAIN HOW ESSENTIAL HOUSEHOLD EXPENSES WERE MET IN 2020.

F. CERTIFICATION AND SIGNATURES

Each person signing below certifies that all of the information reported on this form is complete and correct. The student's signature and date are required.

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

Spouse's Signature (*optional*)

Date