

STUDENT NAME: _____

OFFICE OF FINANCIAL AID financialaid@edgecombe.edu

Tarboro Campus: Rocky Mount Campus:
2009 W. Wilson Street 225 Tarboro Street
Tarboro, NC 27886 Rocky Mount, NC 27801
T: 252.823.5166 T: 252.446.0431

F: 252.824-3990

STUDENT ID: _____

2023-2024 Low/No Income Verification for Independent Students

The income reported on your 2023-2024 FAFSA does not appear to be sufficient to meet basic living expenses. This could be due to the

F: 252.824-3990

| *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 the their support* from July 1, 2023 through June 30, 2024, 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, 2024. *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 2021, DID YOU, OR A MEMBER OF YOUR HOUSEHOLD, RECEIVE ANY OF THE FOLLOWING? INCOME TOTAL RCVD IN 2021 DOCUMENTATION Money earned from working (also include cash earnings that were not reported on a W2 or 1099)* Unemployment Compensation Yes No \$ 1099-G Pension or Retirement Funds Yes No \$ 1099-R Business, Rental or Farm Income Yes No \$ 1099-R Business, Rental or Farm Income Yes No \$ 558A 1099, 1099-R or W2 Alimony or Spousal Support Yes No \$ W2G Interest or Dividends Yes No \$ 1099-INT or 1099-DIV | 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 | | | | | |
|--|---|--|--|---|--|--|
| or your spouse will provide more than half of the their support* from July 1, 2023 through June 30, 2024, 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 *And Now John or your spouse provide more than half of their support *And Now John or your spouse provide more than half of their support *And Now John or your spouse provide more than half of their support *And Now John or your spouse provide more than half of their support *And Now John or your spouse provide more than half of their support *And Now John or your spouse provide more than half of their support *And Now John or Your spouse provide more than half of their support *And Now John or N | eligibility for financial aid cannot be determined until the verification process is complete. | | | | | |
| AT ANY TIME DURING 2021, DID YOU, OR A MEMBER OF YOUR HOUSEHOLD, RECEIVE ANY OF THE FOLLOWING? TOTAL RCVD | or your spouse will provide more than half of the their supposith you and your spouse, and other people if they now live AND will continue to provide more than half of their suppo | port* from July 1, 20 we with you AND you rt* through June 30, | 023 through June 30, or your spouse provi | 2024, even if the children do not live de more than half of their support * | | |
| INCOME TOTAL RCVD REQUIRED | A. TAXABLE INCOME (Answer EACH question below; for | rms with blank respo | nses will be returned | l for completion) | | |
| Money earned from working (also include cash earnings that were not reported on a W2 or 1099)* Unemployment Compensation Pension or Retirement Funds Business, Rental or Farm Income Pisability Payments Ali W2's, 1099's or other statements Yes No \$ 1099-G Possion or Retirement Funds Per INS SXA 1099-MISC, 1099-G, etc. Disability Payments Per INS 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 2021, DID YOU, OR A MEMBER OF YOUR HOUSEHOLD, RECEIVE ANY OF THE FOLLOWING? SOURCE AMOUNT RECEIVED IN 2021 Worker's Compensation Pes No \$ MOUNT RECEIVED IN 2021 Yes No \$ MOUNT RECEIVED IN 2021 | AT ANY TIME DURING 2021, DID YOU, OR A MEMBER OF | YOUR HOUSEHOLD | , RECEIVE ANY OF TH | IE FOLLOWING? | | |
| Money earned from working (also include cash earnings that were not reported on a W2 or 1099)* | INCOME | | | | | |
| that were not reported on a W2 or 1099)* | Money earned from working (also include cash earnings | | IN 2021 | | | |
| Pension or Retirement Funds Yes No \$ 1099-R Business, Rental or Farm Income Yes No \$ 1099-MISC, 1099-G, etc. Disability Payments Yes No \$ SSA 1099, 1099-R or W2 Alimony or Spousal Support Yes No \$ Court Order Gambling or Lottery Winnings Yes No \$ W2G Interest or Dividends Yes 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 2021, DID YOU, OR A MEMBER OF YOUR HOUSEHOLD, RECEIVE ANY OF THE FOLLOWING? SOURCE AMOUNT RECEIVED IN 2021 Child Support Received for your or your spouse's children Yes No \$ Worker's Compensation Yes No \$ Veteran's Non-Educational Benefits Yes No \$ | | ☐ Yes ☐ No | \$ | | | |
| Business, Rental or Farm Income | Unemployment Compensation | ☐Yes ☐ No | \$ | 1099-G | | |
| Disability Payments | Pension or Retirement Funds | ☐ Yes ☐ No | \$ | 1099-R | | |
| Alimony or Spousal Support | Business, Rental or Farm Income | ☐ Yes ☐ No | \$ | 1099-MISC, 1099-G, etc. | | |
| Gambling or Lottery Winnings | Disability Payments | ☐ Yes ☐ No | \$ | SSA 1099, 1099-R or W2 | | |
| Interest or Dividends | Alimony or Spousal Support | ☐ Yes ☐ No | \$ | Court Order | | |
| * 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 2021, DID YOU, OR A MEMBER OF YOUR HOUSEHOLD, RECEIVE ANY OF THE FOLLOWING? SOURCE AMOUNT RECEIVED IN 2021 Child Support Received for your or your spouse's children | Gambling or Lottery Winnings | ☐ Yes ☐ No | \$ | W2G | | |
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| B. UNTAXED INCOME (Answer EACH question below; forms with blank responses will be returned for completion) AT ANY TIME DURING 2021, DID YOU, OR A MEMBER OF YOUR HOUSEHOLD, RECEIVE ANY OF THE FOLLOWING? SOURCE AMOUNT RECEIVED IN 2021 Child Support Received for your or your spouse's children Yes No \$ Worker's Compensation Yes No \$ Veteran's Non-Educational Benefits Yes No \$ | | | | | | |
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| SOURCE Child Support Received for your or your spouse's children Yes No \$ Worker's Compensation Yes No \$ Veteran's Non-Educational Benefits Yes No \$ | B. UNTAXED INCOME (Answer EACH question below; forms with blank responses will be returned for completion) | | | | | |
| Worker's Compensation | | | | | | |
| Veteran's Non-Educational Benefits | Child Support Received for your or your spouse's children | ☐ Yes ☐ No | \$ | | | |
| | Worker's Compensation | ☐ Yes ☐ No | \$ | | | |
| TOTAL NON-TAXABLE INCOME \$ | Veteran's Non-Educational Benefits | ☐ Yes ☐ No | \$ | | | |
| | TOTAL NON-TAXABLE INCOME | | \$ | | | |

| Student Name: | | ECC | ECC ID# | | |
|--|--------------------------|--|--|--|--|
| | | | | | |
| C. INCARCERATION | | | | | |
| At any time during 2021 were you or your spouse (| if married) incarcerat | ed? YES N | IO If YES, submit proof of incarceration period | | |
| D. HOUSEHOLD BENEFITS (Answer EACH question | n below; forms with | blank responses will be | e returned for completion) | | |
| AT ANY TIME DURING 2021, DID A MEMBER OF YO | OUR HOUSEHOLD RE | CEIVE ANY OF THE FOL | LOWING BENEFITS? | | |
| SSI/Medicaid | | ☐ YES ☐ | NO | | |
| Subsidized Housing (Section 8, etc.) (list the family | <u>cost</u> for housing) | YES | NO | | |
| TANF/AFDC | | ☐ YES ☐ | NO | | |
| SNAP | | ☐ YES ☐ | NO | | |
| WIC | | ☐ YES ☐ | NO | | |
| F HOUSTHOLD DENIFFITS / Angular FACIL quastion | n, forms with blank s | acnancae will be return | and for completion) | | |
| E. HOUSEHOLD BENEFITS (Answer EACH question AT ANY TIME DURING 2021, DID YOU, OR A MEMI | | • | • | | |
| AT ANY TIME DURING 2021 DID YOU OR YOUR SPO | | | | | |
| | | | did you or your spouse attend? | | |
| Refunds from Federal and/or State Financial Aid? | YES NO | | uid you of your spouse attend: | | |
| | | If YES, who provide | ed the cash support? | | |
| Cash support from a parent, relative or friend | YES NO | | | | |
| | | | u: n 2021:\$ | | |
| Payment of bills listed in your name by a parent, relative or friend Free housing from a parent, relative or friend | ☐YES ☐ NO | If YES, who paid the | | | |
| | | | | | |
| | | | u: # of months: | | |
| | | If YES, who provide | | | |
| | | | | | |
| | | Relationship to you # of months housir | ı: | | |
| | | | ed the food/groceries? | | |
| Food, groceries from a parent, relative or friend | ∏YES ∏NO | • | J: | | |
| | | Relationship to you # of months receive | u: ed: | | |
| IN THE SPACE BELOW, PROVIDE ANY OTHER INFO | RMATION NEEDED T | | TIAL HOUSEHOLD EXPENSES WERE MET IN 2020. | | |
| | | | | | |
| | | | | | |
| F. CERTIFICATION AND SIGNATURES | | | | | |
| Each person signing below certifies that all of the information reported or complete and correct. The student's signature and date are required. | | on this form is | 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 | | | | |