

Dependent students: complete the worksheet based off of your parent(s) household. Independent students: complete the worksheet based off of your and your spouse's (if applicable) household. **Please note: ALL fields are required. If a section is left blank, or if all areas are marked as "N/A" without a sufficient explanation, the form will be returned to you and marked as incomplete.**

2016 OTHER Income and Benefits	<p>CHILD SUPPORT RECEIVED. Did you <i>receive</i> child support for any children who ARE listed in your household on the Standard Verification (V1) Worksheet? Please list the TOTAL ANNUAL amount received for each child in 2016. Attach a separate sheet or provide a statement if needed/preferred. <u>If you did not receive child support in 2016, please list "N/A" on the first line:</u></p>	
	Name: _____	Age: _____ \$ _____
	Name: _____	Age: _____ \$ _____
	Name: _____	Age: _____ \$ _____
	<p>HOUSING, FOOD, AND OTHER LIVING ALLOWANCES (paid to members of the military, clergy, and others). Please list the total cash value received in 2016. If you received free room and board in 2016 for a job that was not awarded as student financial aid, its value must be included in this figure. <i>DO NOT include rent subsidies for low-income housing, the value of on-base military housing or the value of a basic military allowance for housing. If not applicable, please list "N/A":</i></p> <p style="text-align: right;">\$ _____</p>	<p>VETERANS NON-EDUCATION BENEFITS Please list the total amount of veterans non-education benefits received in 2016. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. DO NOT include federal veteran's educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill. <u>If not applicable, please list "N/A":</u></p> <p style="text-align: right;">\$ _____</p>
	<p>OTHER UNTAXED INCOME Please list the amount of other untaxed income not reported and not listed elsewhere on this form. <u>If not applicable, please list "N/A"</u> Include items such as disability, SSD/SSDI, workers' compensation, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc. \$ _____ DO NOT include student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.</p>	

Statement of Support	<p>Please provide additional details explaining how your 2016 housing, utility, food/grocery, miscellaneous, and transportation needs and expenses were met. Include information such as if your home/vehicle (if applicable) are paid off already, if you have a garden or livestock you live off of, and any additional information not listed on this form. Because FAFSA information may not reflect your current situation, please also explain how your family is supporting itself now, including any changes in employment, benefits, income, or marital status. You may attach a separate sheet. You may NOT list "N/A" here – it will be returned to you as incomplete.</p>
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By signing this worksheet, I/we certify that all of the information reported is complete and correct. I/we also acknowledge that I/we have read and agree to comply with all verification policies as stated by EWC in the College Catalog and on the EWC website. **Failure to submit information in a timely fashion may result in the application being filed as inactive** with no further consideration and no federal aid for the academic year. Student and spouse (if applicable) must sign:

Student's signature

Date

Parent signature (if student is dependent)

Date

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