2019-2020
Household Support Worksheet (V6)

Financial Aid Office
3200 West C Street
Torrington, WY 82240
p: 307.532.8224
f: 307.532.8222
financialaid@ewc.wy.edu

The 2017 income reported on your 2019-2020 FAFSA is below average for annual expense estimates. While we understand that individuals and families can meet basic needs and additional expenses in a variety of manners, This Financial Aid Office is required to follow-up and verify income amounts, in-kind support, as well as benefits that may not have been included on the original FAFSA as these items can impact eligibility for certain types of aid. **You must also complete the Standard Verification (V1) Worksheet.** 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 "N/A" without a sufficient explanation, the form will be returned to you and marked as incomplete.**

Last Name _____ First Name _____ EWC Student ID Number _____ Phone number _____
**ensure your voicemail is set-up and is not full*

2017 Expenses

HOUSING and UTILITIES, (gas, power, water, internet, cable, etc.) & FOOD/GROCERY

Please indicate your living situation in 2017. Select all that apply.

- ☐ Rent
- ☐ Own/Mortgage
- ☐ Live with relative/other

How were your 2017 housing and utility, and food/grocery needs met? Select all that apply.

- ☐ Self
- ☐ Relative/Friend
- ☐ Benefits

MISCELLANEOUS (credit cards, cell phone, clothing, child care, other expenses not listed)

How were 2017 miscellaneous expenses met? Select all that apply.

- ☐ Self
- ☐ Relative/Friend
- ☐ Benefits

TRANSPORTATION (car payment, gas, insurance, public transit, rides from family/friends, etc.)

Please indicate your mode of transportation for 2017 below. Select all that apply.

- ☐ Personal vehicle
- ☐ Public transit
- ☐ Rides from relative/friends
- ☐ Benefits
- ☐ Other

CHILD SUPPORT PAID. Did you ***pay*** child support for any children *not* listed in your household on the Standard Verification (V1) Worksheet? Please list the TOTAL ANNUAL amount paid for each child by Self in 2017. Attach a separate sheet or provide a statement if needed/preferred. If you did not pay child support in 2017, please list "N/A" on the first line:

Name: _____ Age: _____ $_____

Name: _____ Age: _____ $_____

Name: _____ Age: _____ $_____

If you had a vehicle that you (or your parent if dependent) drove to/from school or work, please indicate the status of ownership:

- ☐ Vehicle paid for by self
- ☐ Vehicle paid for by other
- ☐ N/A (other mode of transportation)

If you had a vehicle that you (or your parent if dependent) drove to/from school or work, please indicate who usually paid for gas and/or vehicle maintenance (oil changes, etc.):

- ☐ Paid for by self
- ☐ Paid for by other
- ☐ N/A (other mode of transportation)

Please also indicate who paid for auto insurance:

- ☐ Paid for by self
- ☐ Paid for by other
- ☐ N/A (other mode of transportation)

2017 Income & Benefits

INCOME

Did you receive any income in 2017? Select all that apply.

Student:
- ☐ Income earned from work
- ☐ Income earned "under the table"
- ☐ Did not earn income

Parent(s) or Spouse (if applicable):
- ☐ Income earned from work
- ☐ Income earned "under the table"
- ☐ Did not earn income

If you earned income, you MUST submit all student, parent (if applicable), and spouse (if applicable) **2017 W-2 forms**. If you do not have 2017 W2s, you must provide a statement that includes your name(s), the type/name of your business, your gross income, and why you were unable to provide W-2s (e.g., self-employment). Sign and date.

BENEFITS

Did you receive any of these benefits in **2017 or 2018**? Select all that apply.

- ☐ N/A (Not applicable)
- ☐ Medicaid
- ☐ Supplemental Security Income (SSI)
- ☐ SNAP/Food Stamps
- ☐ Free or Reduced Price School Lunch
- ☐ TANF
- ☐ WIC
- ☐ AFDC
- ☐ Low-Income Housing
- ☐ LIEAP
- ☐ Other: _____
- ☐ Other: _____

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.**

2017 OTHER Income and Benefits

CHILD SUPPORT RECEIVED. Did you ***receive*** 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 2017. Attach a separate sheet or provide a statement if needed/preferred. If you did not receive child support in 2017, please list "N/A" on the first line:

Name: _____ Age: _____ $_____

Name: _____ Age: _____ $_____

Name: _____ Age: _____ $_____

HOUSING, FOOD, AND OTHER LIVING ALLOWANCES (paid to members of the military, clergy, and others).
Please list the total cash value received in 2017. If you received free room and board in 2017 for a job that was not awarded as student financial aid, its value must be included in this figure. *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":

$ _____

VETERANS NON-EDUCATION BENEFITS
Please list the total amount of veterans non-education benefits received in 2017. **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.* If not applicable, please list "N/A":

$ _____

OTHER UNTAXED INCOME
Please list the amount of other untaxed income not reported and not listed elsewhere on this form. **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.*

If not applicable, please list "N/A"

$ _____

Statement of Support

Please provide additional details explaining how your 2017 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.**

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.