



2019-2020 Students with Dependents Form

Financial Aid Office
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Torrington, WY 82240
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financialaid@ewc.wy.edu

You indicated on your Free Application for Federal Student Aid (FAFSA) **that you provide more than 50% of financial support** to one or more children or other dependents. Since your answer determines your dependency status, we must verify your household size and income. If there are differences, your FAFSA information may need to be corrected and you may need to enter parental information. You must complete and sign this worksheet, attach any required documents and submit to the Financial Aid Office at EWC.

STUDENT INFORMATION

Last Name	First Name	M.I.	EWC Student ID Number	Social Security Number (<i>last four digits</i>)
Mailing Address (<i>include apartment number</i>)			E-mail Address	
City, ST, Zip			Phone Number (<i>include area code</i>)	

FAMILY INFORMATION

Fill in the information below about the household member(s) you will provide more than 50% of support for between July 1, 2019 and June 30, 2020. **INCLUDE YOURSELF, YOUR CHILDREN AND ANY OTHERS WHO RECEIVE MORE THAN HALF OF THEIR SUPPORT FROM YOU.** List the name of the college other household member(s) will be **attending if they are or will be enrolled in an eligible degree, diploma, or certificate program at a school eligible for Title IV funds for at least six credits any time between July 1, 2019 and June 30, 2020.**

Full name of household member	Age	Relationship to student	College attending
		<i>Self</i>	<i>EWC</i>

BENEFIT PROGRAMS

Has anyone in your household (listed above) previously, or does anyone in your household currently receive benefits from any of the following federal benefit programs? You *may* be asked to provide documentation of benefits received.

Yes/No	Type(s) of Benefits	Mark Year(s) Received			
		2017	2018	2019	2020
	Medicaid				
	Supplemental Security Income (SSI)				
	Supplemental Nutrition Assistance Program (SNAP)/Food Stamps				
	Free or Reduced Price School Lunch Program				
	Temporary Assistance for Needy Families (TANF)				
	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)				
	Aid to Families with Dependent Children (AFDC)				
	Low-Income Housing or Low Income Energy Assistance Program (LIEAP)				



LIVING CIRCUMSTANCES

Please explain IN DETAIL what your living circumstances were in 2017. Because FAFSA information requires 2017 income information which may not reflect your current situation, please also explain IN DETAIL what your living circumstances are **now**. Whom do you live with and how do you support your child/ren and/or other dependents? Provide dates of your living circumstances and detail any changes that occurred between 2017 and **now**. You may attach a separate sheet if needed.

Please note: In most cases, students living with parents cannot be considered to support a child or other dependents more than 50%, cannot be considered independent, and therefore must include parental information on the FAFSA.

INCOME INFORMATION

DO NOT LEAVE ANY ITEM BLANK. If any item does not apply, enter "N/A" for Not Applicable where a response is requested, or enter \$0 in an area where an amount is requested. **ALL AMOUNTS ARE ANNUAL.** To determine the correct annual amount for each item: If you paid or received the same dollar amount every month in 2017, multiply that amount by the number of months in 2017 you paid or received it. If you did not pay or receive the same amount each month in 2017, add together the amounts you paid or received each month. If more space is needed for any item, attach a separate page with your name, student ID #, and appropriate information.

Please list your living expenses and explain how they were met and by whom. Do not leave any field blank.

Bill/Expense	2017 ANNUAL Amount	Current Year ANNUAL Amount	Paid by: (Self/Parent/Other Relative/Friend)	
			2017	Current (if different from 2017)
Rent/Mortgage	\$	\$		
Utilities	\$	\$		
Food	\$	\$		
Clothing	\$	\$		
Transportation	\$	\$		
Car Payments/Leases	\$	\$		
Insurance (Auto/Home)	\$	\$		
Recreation/Entertainment	\$	\$		
Cell phone	\$	\$		
Other:	\$	\$		
Other:	\$	\$		

Please list your income available to pay expenses listed above for 2017. Do not leave any field blank.

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Money Available to Pay Bills:	Total 2017 ANNUAL Amount	Current Year ANNUAL Amount
Student's income from work	\$	\$
Spouse's income from work	\$	\$
Income from work (other)	\$	\$
Pension/Retirement	\$	\$
Unemployment/Worker's Comp	\$	\$
Untaxed Social Security	\$	\$
Supplemental Security Income	\$	\$
Child support received	\$	\$
Welfare/AFDC/TANF	\$	\$
SNAP (food stamps)	\$	\$
Other (please specify)	\$	\$

Note: Additional information may be requested

CERTIFICATION AND SIGNATURE

By signing this worksheet, I certify that all of the information reported is complete and correct. I also acknowledge that I 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 signature: _____ Date: _____

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