



# 2020-2021 Household Support Worksheet (V6)

Financial Aid Office  
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The 2018 income reported on your 2020-2021 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, the 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. 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*

**Dependent students (included parent(s)' info on FAFSA):** complete the worksheet based on your parent(s) household and information.

**Independent students:** complete the worksheet based on your and your spouse's (if applicable) household and information.

	HOUSING and UTILITIES, (gas, power, water, internet, cable, etc.) & FOOD/GROCERY	MISCELLANEOUS (credit cards, cell phone, clothing, child care, other expenses not listed)	TRANSPORTATION (car payment, gas, insurance, public transit, rides from family/friends, etc.)
2018 Expenses	<p>Please indicate your family's living situation in 2018. Select all that apply.</p> <p><input type="checkbox"/> Rent <input type="checkbox"/> Own/Mortgage <input type="checkbox"/> Live with relative/other</p>	<p>How were 2018 housing and utility, and food/grocery needs met? Select all that apply.</p> <p><input type="checkbox"/> Self <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Benefits</p>	<p>Please indicate your family's mode of transportation for 2018 below. Select all that apply.</p> <p><input type="checkbox"/> Personal vehicle <input type="checkbox"/> Public transit <input type="checkbox"/> Rides from relative/friends <input type="checkbox"/> Benefits <input type="checkbox"/> Other</p>
	<p><b>CHILD SUPPORT PAID.</b> Did your family <i>pay</i> child support for any children <i>not</i> listed in your household on the Standard Verification (V1) Worksheet? Please list the TOTAL ANNUAL amount paid for each child by Self in 2018. Attach a separate sheet or provide a statement if needed/preferred. <u>If you did not pay child support in 2018, please list "N/A" on the first line:</u></p> <p>Name: _____ Age: _____ \$ _____</p> <p>Name: _____ Age: _____ \$ _____</p> <p>Name: _____ Age: _____ \$ _____</p>		
2018 Income & Benefits	<p style="text-align: center;"><b>INCOME</b></p> <p>Did your family receive any income in 2018? Select all that apply.</p> <p>Student: <input type="checkbox"/> Income earned from work <input type="checkbox"/> Income earned "under the table" <input type="checkbox"/> Did not earn income</p> <p>Parent(s) or Spouse (if applicable): <input type="checkbox"/> Income earned from work <input type="checkbox"/> Income earned "under the table" <input type="checkbox"/> Did not earn income</p> <p><b>For all earned income, you MUST submit</b> student, and parent/spouse (as applicable) <b>2018 W-2 forms.</b> If you do not have 2018 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.</p>	<p style="text-align: center;"><b>BENEFITS</b></p> <p>Did your family receive any of these benefits at any time in <b>2018 or 2019</b>? Select all that apply.</p> <p><input type="checkbox"/> N/A (Not applicable) <input type="checkbox"/> Medicaid or Supplemental Security Income (SSI) <input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> Free or Reduced Price School Lunch <input type="checkbox"/> TANF <input type="checkbox"/> WIC <input type="checkbox"/> AFDC <input type="checkbox"/> Low-Income Housing <input type="checkbox"/> LIEAP <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Other: _____</p>	
	<p>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.):</p> <p><input type="checkbox"/> Paid for by self <input type="checkbox"/> Paid for by other <input type="checkbox"/> N/A (other mode of transportation)</p> <p>Please also indicate who paid for auto insurance:</p> <p><input type="checkbox"/> Paid for by self <input type="checkbox"/> Paid for by other <input type="checkbox"/> N/A (other mode of transportation)</p>		

