2021-2022
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 2019 income reported on your 2021-2022 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.

2019 Expenses

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.)
Please indicate your family's living situation in 2019. Select all that apply. ☐ Rent ☐ Own/Mortgage ☐ Live with relative/other	How were 2019 housing and utility, and food/grocery needs met? Select all that apply. ☐ Self ☐ Relative/Friend ☐ Benefits	How were 2019 miscellaneous expenses met? Select all that apply. ☐ Self ☐ Relative/Friend ☐ Benefits	Please indicate your family's mode of transportation for 2019 below. Select all that apply. ☐ Personal vehicle ☐ Public transit ☐ Rides from relative/friends ☐ Benefits ☐ Other

CHILD SUPPORT PAID. Did your family ***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 2019. Attach a separate sheet or provide a statement if needed/preferred. If you did not pay child support in 2019, 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)

2019 Income & Benefits

INCOME	BENEFITS
Did your family receive any income in 2019? 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 **For all earned income, you MUST submit** student, and parent/spouse (as applicable) **2019 W-2 forms**. If you do not have 2019 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.	Did your family receive any of these benefits at any time in **2019 or 2020**? Select all that apply. ☐ N/A (Not applicable) ☐ Medicaid or Supplemental Security Income (SSI) ☐ SNAP (Food Stamps) ☐ Free or Reduced Price School Lunch ☐ TANF ☐ WIC ☐ AFDC ☐ Low-Income Housing ☐ LIEAP ☐ Other: _____ _____ ☐ Other: _____ _____

10/2020

Dependent students: complete the worksheet based on your parent(s) household. **Independent students**: complete the worksheet based on 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.**

2019 OTHER Income and Benefits

CHILD SUPPORT RECEIVED. Did your family ***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 2019. Attach a separate sheet or provide a statement if needed/preferred. If your family did NOT receive child support in 2019, 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 2019. If you received free room and board in 2019 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 2019. **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 benefits, workers' compensation, untaxed portions of health savings accounts from IRS Form 1040, Schedule 1— Line 12.
DO NOT include *student aid, Earned Income Credit, Additional Child Tax Credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Innovation and Opportunity Act, 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 2019 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.