



2022-2023 Household Support Worksheet (V6)

Financial Aid Office
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The 2020 income reported on your 2022-2023 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.)
2020 Expenses	Please indicate your family's living situation in 2020. Select all that apply. <input type="checkbox"/> Rent <input type="checkbox"/> Own/Mortgage <input type="checkbox"/> Live with relative/other	How were 2020 housing and utility, and food/grocery needs met? Select all that apply. <input type="checkbox"/> Self <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Benefits	How were 2020 miscellaneous expenses met? Select all that apply. <input type="checkbox"/> Self <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Benefits
	<p>CHILD SUPPORT PAID. 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 2020. Attach a separate sheet or provide a statement if needed/preferred. <u>If you did not pay child support in 2020, please list "N/A" on the first line:</u></p> <p>Name: _____ Age: _____ \$ _____</p> <p>Name: _____ Age: _____ \$ _____</p> <p>Name: _____ Age: _____ \$ _____</p>		

INCOME		BENEFITS
2020 Income & Benefits	<p>Did your family receive any income in 2020? Select all that apply.</p> <p>Student:</p> <input type="checkbox"/> Income earned from work <input type="checkbox"/> Income earned "under the table" <input type="checkbox"/> Did not earn income	<p>Did your family receive any of these benefits at any time in 2020 or 2021? Select all that apply.</p> <input type="checkbox"/> N/A (Not applicable) <input checked="" 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: _____ _____ <input type="checkbox"/> Other: _____ _____
	<p>Parent(s) or Spouse (if applicable):</p> <input type="checkbox"/> Income earned from work <input type="checkbox"/> Income earned "under the table" <input type="checkbox"/> Did not earn income	

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)

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.**

2020 OTHER Income and Benefits	<p>CHILD SUPPORT RECEIVED. Did your family <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 2020. Attach a separate sheet or provide a statement if needed/preferred. <u>If your family did NOT receive child support in 2020, 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 2020. If you received free room and board in 2020 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 2020. 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 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.</p>	

Statement of Support	<p>Please provide additional details explaining how your 2020 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>

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.