

2018-19 Low/No Income Verification Worksheet

The income reported on your 2018-19 FAFSA does not appear to be sufficient to meet basic living expenses. This may be due to the exclusion of some types of income on the FAFSA. Before the Financial Aid Office can process your file, you must provide additional information. This worksheet may be requested in addition to any verification forms required by the U.S. Department of Education. **Our office cannot determine your eligibility for financial aid until the verification process has been completed.**

INSTRUCTIONS: Complete and sign this worksheet, attach any required documentation and submit the completed package to the BCC Financial Aid Office at PO Box 266 Dublin, NC 28332. If you and/or parent were married or remarried on the day you signed your FAFSA, you are required to include information for your spouse or your parent's spouse (if you are classified as a dependent student). If there are any discrepancies between the information reported on your FAFSA and the documents submitted to our office, we will make the necessary corrections.

STUDENT NAME: _____

BCC STUDENT ID: _____

ADDRESS: _____

TELEPHONE: _____

*Your **household** includes you, your spouse (if you were married on the day you signed your FAFSA) and you or your spouse's children **IF** you or your spouse will provide more than half of their support between July 1, 2018 and June 30, 2019, even if the children do not live with you and your spouse. Include other people **only** if they currently live with you **AND** you and your spouse provide more than half of their support and will continue to provide more than half of their support through June 30, 2019.

*Your **parent's household** includes yourself **AND** your parent(s) (including step-parents) even if you do not live with your parent(s), your parents other children **IF** your parent will provide more than half of their support from July 1, 2018 through June 30, 2019.

****Support includes money, gifts, loans, housing, food, clothing, transportation, medical/dental care, college tuition, etc.**

A. TAXABLE INCOME (answer EACH question below; forms with blank responses will be returned)				
At any time during 2017, did a member of your/your parent's household (if dependent), receive the following?				
INCOME			TOTAL	REQUIRED DOCUMENTATION
Money earned from working (also include cash) earnings that were not reported on a W2 or 1099)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	All W2's and statements of income
Unemployment compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	1099-G
Pension or Retirement Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	1099-R
Business, Rental or Farm Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	1099-MISC, 1099-G, etc.
Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	SSA 1099, 1099-R, or W2
Alimony or Spousal Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	Court Order
Gambling or Lottery Winnings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	W2G
Interest or Dividends	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	1099-INT or 1099-DIV
TOTAL TAXABLE INCOME			\$	
**Per IRS guidelines, anyone with self-employment income of \$400 or more, is required to file a tax return.				

B. NON-TAXABLE INCOME (answer EACH question below; forms with blank responses will be returned)				
At any time during 2017, did a member of your/your parent's household (if dependent), receive the following?				
INCOME			TOTAL	REQUIRED DOCUMENTATION
SSI (Supplemental Security Income)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	Benefit Verification Letter
Child Support Received	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	Statement from Child Support Agency
Worker's Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	Final Check Stub from 2016
Veteran's Non-Educational Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	Veteran's Award Letter
TOTAL TAXABLE INCOME			\$	

C. INCARCERATION
At any time during 2017, were you or your parents (if dependent) incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, submit proof of incarceration.

D. HOUSEHOLD (answer EACH question below; forms with blank responses will be returned)				
At any time during 2017, did a member of your/your parent's household (if dependent), receive the following?				
BENEFIT			TOTAL	REQUIRED DOCUMENTATION
Section 8 Housing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	Proof of Housing Benefits
TANF/AFDC	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	Proof of TANF/AFDC
FOOD STAMPS (SNAP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	Proof of Food Stamps
WIC	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	Proof of WIC
TOTAL MONTHLY VALUE OF BENEFITS			\$	

E. OTHER INFORMATION (answer EACH question below; forms with blank responses will be returned)				
At any time during 2017, did a member of your/your parent's household (if dependent), receive the following?				
FAMILY SUPPORT			Amount for 2017	REQUIRED DOCUMENTATION
Cash, payment of bills, free housing, food, clothing, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	Signed letter from person(s) who provided the support detailing type of support and the amount provided for 2017.
In the space below or on a separate sheet of paper provide any other information needed to explain how essential household expenses were met in 2017.				

F. CERTIFICATION AND SIGNATURES

Each person signing below certifies that all information reported on this form is complete and accurate.

Student's Signature

Date

Parent's Signature (If student is classified as a dependent student)

Date