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An equal opportunity university
2018-2019 Income Verification - Parent

Financial Aid
 516 High Street, Old Main 265
 Bellingham, WA 98225

_____ W _____
 Student Name Student I.D. Number

The parent completes this form, not the student.

The parent income reported on your 2018-2019 Free Application for Federal Student Aid (FAFSA) appears unusually low to support the number of people in your household. Complete this form to clarify how you and/or your family were able to provide for needs such as housing, food, and utility bills during 2016. We are required to obtain the following information to finalize your student's aid eligibility. **Reporting all zeros is not acceptable - this form will be returned as incomplete if it is submitted with no income, withdrawal, or expense information listed.**

Itemized Income for 2016:

Types of Income	Average Monthly Income
Income from work	\$
Unemployment compensation	\$
Social Security or Social Security Disability income	\$
SNAP (food stamps)/TANF (Temporary Assistance for Needy Families)	\$
Veteran non-education benefits	\$
Child support received and/or alimony received	\$
Other:	\$
Other:	\$
Other:	\$
Total Monthly Income	\$
x 12 months = Total Annual Income	\$

Annual Withdrawals from Savings, Pensions, Borrowing for 2016:

Source of Funds	Annual Amount
Annual withdrawals from savings	\$
Annual withdrawals from pensions/retirements	\$
Annual support from family/friends (not required to repay)	\$
Annual borrowed funds (you are required to repay)	\$
Total 2016 Withdrawals and Borrowed Funds	\$

Student Name

W Student I.D. Number

Itemized Expenses for 2016:

Types of Expenses	Average Monthly Expenses
Rent/Mortgage (indicate if you receive housing assistance)	\$
Groceries	\$
Utilities (electric, water, phone, internet, etc.)	\$
Auto (payment, insurance, gas)	\$
Child support paid and/or alimony paid	\$
Personal (entertainment, clothing, etc.)	\$
Medical/Dental	\$
Other:	\$
Other:	\$
Total Monthly Expenses	\$
x 12 months = Total Annual Expenses	\$

If your expenses exceed the income and withdrawals reported on this form, explain how you met your expenses in 2016 (attach a separate sheet if needed).

Certification

I certify that the information provided herein is complete and correct.

Parent Printed Name

Parent Signature (Parent handwritten signature is required)

Date

FOR OFFICE USE ONLY	Operations:	[INVR_P _____]
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