



Wayne County Community College District

District Office
801 W. Fort Street
(313) 496-2865
(313) 963-8568 fax

DP

Financial Aid

Name _____	A00 _____
Birthdate _____	SSN _____
Phone # _____	Email _____

2008-2009 Parent Low Income Verification Form

You reported minimal or no income on the 2008-09 FAFSA for the year 2007. As a result, we need additional clarification of your financial situation. Please complete this form using annual amounts. Leave no lines blank. Attach **supporting documentation** (i.e. W-2; agency statements, 1099; etc) where applicable.

Income	Amount Received For 2007	Source of Income employer, government, parent, friend, etc.
Salary, wages, tips		
Unemployment, social security benefits, child support/alimony, FIA, etc.		
Other cash received from friends, family, etc.		
	*Annual Total	

Food stamps (circle one) Yes No

Monthly Expenses: Please describe what your average **monthly household** expenses are and how they are covered.

Expenses	Average Monthly Cost	Who Pays or Provides? self, parent, friend, etc.
Rent/Mortgage		
Utilities (phone, cable, heat, electricity, etc.)		
Food		
Transportation		
Medical (doctor, dentist, insurance, medicine, etc.)		
Insurance (auto, life, home, etc.)		
Clothing and recreation, other		
Child care		
Debt payment (credit card, loan, etc.)		
	Monthly Total	*Annual Total

***Your total annual income must be equal to or greater than your total annual expenses.**

I certify that the above information is a true and accurate depiction of my financial situation. I agree to supply additional documentation if needed to process this file. Also, I understand that purposely giving false or misleading information could result in fines, incarceration, or both.

Parent Signature

Date

For Office Use Only: Complete Incomplete Processed by: _____