Low Income Verification Form

Student Name______________________________________       WWU ID _____________________

☐ Dependent Student                 ☐ Independent Student

Your file was selected for verification by the Department of Education. On the verification worksheet you submitted to our office you stated that you/your parents received little or no income or benefits in 2018. We need more clarification.

Please provide below:

1. An estimate of you/your parents’ 2018 cost of living expenses, such as:
   - Housing/utilities
   - Food
   - Clothing
   - Other

   $______________/year

2. A statement indicating how these necessities were met.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Student Signature   __________________________________       Date _________________________

If dependent:

Parent Name ________________________________       Date _________________________

Parent Signature ________________________________

Please return this form to financial.aid@wallawalla.edu or fax to 509-527-2556