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 2017. We need more clarification.

Please provide below:

1. An estimate of you/your parents’ 2017 cost of living expenses, such as:
   • Housing/utilities
   • Food
   • Clothing
   • Other

   \[ \text{$\ldots$/year} \]

2. A statement indicating how these necessities were met.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Student Signature   __________________________________  Date _________________________

If dependent:

Parent Name __________________________________________

Parent Signature ______________________________________

Date ______________________

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