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’ 2019 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 ________________________________

Parent Signature ____________________________  Date _______________________

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