
Student Name: ________________________  WVUP ID# ________________________

Email Address: ____________@wvup.edu  All correspondence from our office will be sent to your WVUP email.

This form is being completed for: ______ myself (and spouse, if applicable)  ______ my parent(s) (if dependent)

Instructions: You have indicated that you, your spouse, or your parent(s) (if dependent) had or have little or no reportable income during the calendar year 2014, the period of time on which financial aid eligibility for the 2015-2016 school year is based.

Please complete the information requested below (front and back), explaining what funding/income you, your spouse if applicable, and/or your parent(s) (if dependent) received in 2014 to pay room/board, utilities and other expenses. This information is necessary to complete Federal Verification requirements. All amounts will be used to calculate 12 months of income unless otherwise noted.

1. Place of residence in 2014: (eg. “with parents” or “with spouse”, etc.) ______

   Did you have a monthly rent/mortgage payment?  Yes  or  No

   Did you reside in subsidized housing?  Yes  or  No

   If “yes” to either question, what was the monthly amount you were responsible to pay? ______

   What/Who was your source of income for the monthly rent/mortgage payment or provider of subsidized housing?

   __________________________________________

2. Did you or anyone else in your family receive any of the following untaxed income? If yes, must provide yearly amount.

   TANF Payments  Yes  or  No  2014 Yearly Amount $ ______________

   Social Security Benefits  Yes  or  No  2014 Yearly Amount $ ______________

   Supplemental Security Income (SSI)  Yes  or  No  2014 Yearly Amount $ ______________

3. Who provided your medical insurance? If applicable, who provided your child/dependent(s)’ medical insurance?

   __________________________________________

4. Additional 2014 monthly expenses for everyone in your household (if you are considered a dependent student, include your parent(s) and anyone in that household). Do not leave any items blank; if the answer is zero, please answer zero.

   Food $ ______________  Did you receive SNAP?  Yes  or  No

   Utilities $ ______________  Did you receive assistance for utilities?  Yes  or  No

   Auto (car payments, maintenance, insurance, gas) $ ______________

   Telephone (including cell phone) $ ______________

   Other expenses (please specify expense(s) and amount)

   __________________________________________
TOTAL MONTHLY EXPENSES (total from number 4)  

$ ____________________________

5. Please document any additional assistance that you, your dependent(s), your spouse, and/or parent(s) received. This includes any individual person or federal/state/local agencies that assisted you with the monthly expenses listed above:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I/We certify that the above information is true and complete to the best of my/our knowledge. If requested, I agree to provide additional documentation of the reported income. I/We did not purposely give false or misleading information on this worksheet.

________________________________________________________________________

Student Signature ____________________________ Date ____________________________

________________________________________________________________________

Parent Signature (for dependent students only) ____________________________ Date ____________________________

Do not mail this worksheet to the U.S. Department of Education.  
Submit this worksheet to the WVUP Financial Aid Office:

Financial Aid Office  
West Virginia University at Parkersburg  
300 Campus Drive  
Parkersburg, WV 26104