



**Beaufort County Community College**  
5337 US Hwy 264 East, Washington, NC 27889

## 2018-2019 Low Income Verification Form

*The income you reported on your 2018-2019 FAFSA appears to be unusually low. Please complete this form and provide information which explains how you and your spouse or parent(s), if you are a dependent student, managed living expenses in the sections below.*

Student Name: \_\_\_\_\_ BCCC ID#: \_\_\_\_\_

**A. THIS SECTION APPLIES TO YOU, YOUR SPOUSE (IF MARRIED) AND/OR YOUR PARENT(S) IF YOU ARE CONSIDERED A DEPENDENT STUDENT**

- Did you receive subsidized low income housing such as HUD, Section 8, etc. in 2016-2017?  Yes  No  
 Did you receive food stamps (SNAP) in 2016-2017?  Yes  No  
 Did you receive (TANF/WIC) and/or Medicaid in 2016-2017?  Yes  No  
 Did you reside with parents, family members, friends, etc. in 2016-2017?  Yes  No

**Calendar Year 2016 Income**

Sources of Income for 2016 Employer(s) specify by name below	Person Who Earned Wages (student, spouse or parent)	Total Amount Earned for 2016
		\$
		\$
		\$

**Note:** You may be asked to provide wage statements: W2s or 1099s and/or Annual Benefit Statements

**Annual Benefits Received 2016**

	Monthly Amount	Number of Months	Total Amount for 2016
Unemployment compensation			
Child support received			
Social Security Benefits			
Supplemental Security Income			
Veterans Non-Educational benefits			

**B. List yearly benefits paid on your, and/or your parent's, behalf in 2016 by someone other than yourself or parents for the following:**

Housing: \$ \_\_\_\_\_ Transportation: \$ \_\_\_\_\_ Phone/Computer: \$ \_\_\_\_\_  
 Utilities: \$ \_\_\_\_\_ Cash given to you (not used to pay bills) \$ \_\_\_\_\_

**C. Comments: (any additional information you would like to provide relevant to your living expenses)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**D. Certification:**

I hereby certify that all information contained in this document is true and complete. I affirm that I have not knowingly provided any false statements or fraudulent documentation. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my eligibility for federal and state financial aid may be further verified and corrected as required.

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Student's ID # (Required)

\_\_\_\_\_  
Student's Phone #

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (if Student is Dependent)

\_\_\_\_\_  
Date

**WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.**