

2026-2027 West Virginia Northern Community College Statement of Support

(For Income Received January 1, 2023 through December 31, 2023)

Student Name: _____ ID#: _____

E-mail Address _____@mail.wvncc.edu All correspondence from our office will be sent to your WVNCC e-mail.

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 calendar year 2024**, the period in which financial aid eligibility for the **2026-2027** school year is based.

Please complete the information requested below (front and back), explaining what funding/income you, your spouse, and/or your parent/s received in 2024 to pay room/board, utilities and other expenses to survive. This information is needed to complete Federal Verification requirements. All amounts will be used to calculate 12 months of income unless otherwise noted.

1. Place of residence in **2024**: (e.g., with parents, spouse, other, 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 the **yearly** amount.

Welfare Payments	Yes or No	2024 Yearly Amount \$ _____
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Social Security Benefits	Yes or No	2024 Yearly Amount \$ _____
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Supplemental Security Income (SSI)	Yes or No	2024 Yearly Amount \$ _____
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3. Who provided your medical insurance? If applicable, who provided your child/dependent's medical insurance? (If thru a State Medicaid program, you must provide a current copy.)

_____.

4. Additional 2024 **Monthly** Expenses for **you, your parents, you and spouse, and/or dependents** (as applicable above) – Do not leave any items blank. All require a dollar figure. If zero, write 0* (see back of page).

Food \$ _____	Did you receive SNAP?	Yes or No
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Utilities \$ _____	Did you receive assistance for utilities?	Yes or No
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Auto (car payments, maintenance, insurance, gas) \$ _____

Telephone (including cell phone) \$ _____

Personal items (ex. shampoo, toothpaste, haircut services, etc.) \$ _____

Other expenses (please specify expense and amount) \$ _____

Other expenses (please specify expense and amount) \$ _____

TOTAL MONTHLY EXPENSES (include amounts in Q4) \$ _____

5. Please document any additional assistance that you, your dependents, 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.** **Warning:** *If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both, and/or the student may be subject to disciplinary action as stated in WVNCC's Student Code of Conduct Rule.*

Student Signature _____ Date _____

Parent Signature (if applicable) _____ Date _____