

**STUDENT INFORMATION: (Please print using black or blue ink)**

The Office of Financial Aid has received your Free Application for Federal Student Aid (FAFSA) and we must complete a federal verification process. The law states we have the right to ask for information (*tax return transcripts, W-2 forms, etc.*), as necessary, to confirm the accuracy of this federal application. If there are differences between your application and other submitted documents, corrections will be made and reprocessed by the government.

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ STUDENT ID \_\_\_\_\_

**MONTHLY EXPENSES:**

Provide all household expenses as requested below to include the name of the person who is responsible for payment, the relationship to the student (*indicate "SELF" as appropriate*), and the average monthly amount paid.

LIVING EXPENSES	PAID BY WHOM	RELATIONSHIP TO STUDENT	MONTHLY AMOUNT
Housing (mortgage or rent)			\$
Food and/or groceries			\$
Utilities (gas, electric, water, etc.)			\$
Clothing and personal hygiene			\$
Telephone and/or cell phone			\$
Child and dependent care			\$
Transportation			\$
Other expense: _____			\$
Other expense: _____			\$

**MONTHLY RESOURCES: (Include all income and/or benefits)**

Provide your monthly income and/or benefit information as anticipated during July 1, 2018 and June 30, 2019, as applicable, so we may fully understand your financial situation. This may include certain federal and/or state benefits that are **NOT** required on the FAFSA but reflect an ability to provide financial support.

SOURCES OF FINANCIAL SUPPORT	STUDENT
Student income earned from work	\$
Child Support Received	\$
Child and Dependent Care Assistance (Davidson County, Smart Start)	\$
SNAP Benefits: formerly food stamps (Effective Date _____)	\$
Temporary Assistance for Needy Families (Effective Date _____)	\$
Subsidized Housing and/or Utilities (LIEAP)	\$
Cash received and/or money paid on the student's behalf (Gift Aid)	\$
Other Financial Resources: _____	\$

I certify by signing this worksheet that all information provided is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed worksheet. If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

Student \_\_\_\_\_

Date \_\_\_\_\_

Davidson Campus  
297 DCCC Road  
Thomasville, NC 27360  
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336.224.0240 (Fax)

Mailing Address  
P.O. Box 1287  
Lexington, NC 27293

Davie Campus  
1205 Salisbury Road  
Mocksville, NC 27028  
(Office) 336.751.2885  
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