



# West Virginia State University

West Virginia State University  
Office of Student Financial Assistance  
2016-2017 No Income Verification Form

PERSONAL INFORMATION

_____	_____	_____	_____
Last Name	First Name	M.I.	Student A#
_____			_____
Address			Phone Number (include area code)
_____			
_____	_____	_____	
City	State	Zip Code	

***Independent students or Parent(s) of dependent students who have no income must complete this form.***

The income you reported as received in the calendar year 2015 on the FAFSA application was “zero”, and appears to be insufficient to support you and/or your family. Federal guidelines require that low/zero income information reported on the FAFSA be verified. Please complete this form and return it to the Financial Aid Office. Your answers will assist West Virginia State University Financial Aid Administrators with verifying the support and income you received in 2015.

Please provide a clear and legible response to **ALL** of the following questions. **If you fail to answer all questions, or leave any question blank, this will delay the processing of your financial aid application.**

1. The person completing this form is: \_\_\_ Student \_\_\_ Parent
2. Did you or a family member have any source of income in 2015? \_\_\_ Yes \_\_\_ No - If yes, please indicate the source and amount below:

<u>INCOME SOURCE</u>	<u>AMOUNT RECEIVED IN 2015</u>
___ Social Security Benefits/SSI	\$ _____
___ Earnings from work	\$ _____
___ Unemployment Compensation	\$ _____
___ VA Education Benefits	\$ _____
___ Child Support Received	\$ _____
___ Alimony Received	\$ _____
___ Public Assistance (food stamps, housing)	\$ _____
___ Money spent from savings	\$ _____
___ Private Loans	\$ _____
___ Monetary gifts from relatives or friends	\$ _____
___ Disbursements/Withdrawal from Pension/Annuity	\$ _____
___ Other _____	\$ _____



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If you answered No, please explain how you were supported or supported the family in the space provided on the back of this form. Attach a separate sheet if necessary.

**Please explain how you lived in 2015. Explain who paid your rent, utilities, and provided food.**

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**CERTIFICATION STATEMENT**

**I certify that this information is true and correct to the best of my knowledge. Additionally, I understand purposely giving false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment. Please be aware that income indicated on this form and not listed on your FAFSA will be corrected if the change affects your Expected Family Contribution (EFC).**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_