# West Virginia State University

**West Virginia State University**
**Office of Student Financial Assistance**
**2015-2016 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 2014 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 2014.

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 2014? ___ Yes ___ No - If yes, please indicate the source and amount below:**

| **INCOME SOURCE** | **AMOUNT RECEIVED IN 2014** |
|---|---|
| **___ 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 2014. 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_____