

### 2022-2023 Income Verification Worksheet

Student's Name: \_\_\_\_\_ WCJC ID # \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Please fill in the U.S. dollar amount of your family's average monthly living expenses and sources of income. If an expense occurs other than monthly, please convert it to a monthly average. Do not report any business or rental property expenses or income used to meet those expenses on this page. **If an item does not apply, indicate this by writing "0 (zero)." If income does not meet expenses, please explain on the back side of this form.**

<b>Living Expenses</b>	<b>Average Monthly Amount Student (MUST enter '0' if item does not apply.)</b>	<b>Average Monthly Amount Parent(s) (MUST enter '0' if item does not apply.)</b>
House Payment (Mortgage) or Rent	\$	\$
Home Property Tax (If not included in House Payment)	\$	\$
Utilities (Gas, Electric, Phone, Water, etc.)	\$	\$
Insurance (Home, Car, Health, Life, etc.)	\$	\$
Monthly Food and Household Supplies Expenses	\$	\$
Car Payments	\$	\$
Gas (car)	\$	\$
Child Care	\$	\$
Other (Please Specify: _____)	\$	\$
<b>Total Monthly Payments</b>	<b>\$</b>	<b>\$</b>

<b>Sources of Income</b>	<b>Average Monthly Amount Student (MUST enter '0' if item does not apply.)</b>	<b>Average Monthly Amount Parent(s) (MUST enter '0' if item does not apply.)</b>
Wages / Salary	\$	\$
Business Income	\$	\$
Rental Property Income	\$	\$
Gifts from Family Members	\$	\$
Unemployment Benefits	\$	\$
Disability Benefits	\$	\$
Social Security Benefits	\$	\$
Savings	\$	\$
Other (please specify: _____)	\$	\$
<b>Total Monthly Income</b>	<b>\$</b>	<b>\$</b>

I (we) declare that the information reported on this form and any attachments hereto is true, complete, and accurate to the best of my (our) knowledge.

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

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

Per HB 1922 (Subtitle A, Title 5, Government Code, Chapter 559), it is the policy of the state that an individual is entitled, on request, to receive, review and/or correct any information about the individual, which has been submitted to WCJC, with few exceptions. The information WCJC collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules.

Complete form can be scanned and emailed to [finaid@wcjc.edu](mailto:finaid@wcjc.edu); faxed to 979-532-6937; delivered by hand to any WCJC campus Financial Aid Office; or mailed to: WCJC Office of Financial Aid; 911 Boling Hwy; Wharton, TX 77488.