



EAST CENTRAL

COMMUNITY COLLEGE

ZERO/LOW INCOME VERIFICATION WORKSHEET

Name: _____ ECCC ID Number: _____

The Financial Aid Office is requesting that you complete this form because you reported low or no income on the FAFSA.

	CIRCLE ONE		
Did you earn income from work in 2016?	YES	NO	
Did your spouse (if applicable) earn income from work in 2016?	YES	NO	N/A
Did your parent(s) (if applicable) earn income from work in 2016?	YES	NO	N/A
Did anyone in your household receive social security benefits in 2016?	YES	NO	
If yes, what was the amount per month? _____			

Please list your household expenses and the source of income below. If the amount is \$0, you must explain in the last column. (Your monthly expenses should not exceed your monthly income.)

Expenses	Amount	Source	Explanation of \$0 amount
Housing: (Includes Rent or Mortgage, insurance, upkeep, etc.)			
Utilities: (Include electricity, phone, water, sewer, cable/satellite, cell phone, gas, etc.)			
Food/Groceries: (Includes all groceries and supplies)			
Apparel: (Includes clothing, shoes, accessories, etc.)			
Transportation: (Includes car payments, gas, maintenance, etc.)			
Miscellaneous: (Includes all other monthly expenses such as: medical payments, daycare expenses, etc.)			

By signing this form, I agree that the information provided is complete and correct.

Student Signature _____ Date _____

Parent Signature _____ Date _____
(Dependent Students Only)