

# Low Income Verification Form

STUDENT FINANCIAL SERVICES

204 S. College Avenue  
College Place, WA 99324-1198  
fax (509) 527-2556  
sfs.wallawalla.edu

Student Name \_\_\_\_\_

WWU ID \_\_\_\_\_

Dependent Student

Independent Student

Your file was selected for verification. According to the FAFSA data we received, you and/or your parents received little or no income or benefits in 2024. We need more clarification.

Please provide below:

1. An estimate of you/your parents' 2024 cost of living expenses, such as:

- Housing/utilities
- Food
- Clothing
- Other

\$ \_\_\_\_\_/year

2. A statement indicating how these necessities were met.

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

Date \_\_\_\_\_

If dependent:

Parent Name \_\_\_\_\_

Date \_\_\_\_\_

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

Please return this form to [financial.aid@wallawalla.edu](mailto:financial.aid@wallawalla.edu) or fax to 509-527-2556

