



MONTHLY EXPENSE AND INCOME WORKSHEET

Student Name: _____

Student ID Number: _____ Phone: _____

Wages From Work 2015

If you, the student, or your parents earned wages from working in 2015, you must report those wages below, even if you were not required to file a federal income tax return. **Attach copies of all corresponding W-2s to this form.** You must include all monies earned from working, even unreported employment wages and self-employment. Attach a separate sheet if necessary.

Employer's name	W-2 available? (yes or no)	Total earned 2015	Recipient (Parent / stepparent or student)

Monthly Income 2015

Report all sources of monthly income in **2015** for you and your parents below. Attach a separate sheet if necessary.

Source of Monthly Income	Amount Per Month	Recipient (parent / stepparent or student)
Income from work	\$ \$ \$	
Unemployment compensation	\$	Recipient: Date range of benefits:
Social Security benefits	\$	
Disability or Worker's comp	\$	
Subsidized housing	\$	
Veterans benefits (non- educational)	\$	
SNAP / WIC / Food Stamps	\$	
TANF or Public Assistance	\$	
Spousal support (whether court ordered or not)	\$	
Child support (whether court ordered or not)	\$	
Support from relatives / friends	\$	

Monthly Living Expenses 2015

Report the average monthly living expenses in **2015** for you and your parents below. You must report the amount contributed by you and your parents as well as amounts and sources of payments (food stamps, public assistance programs, help from relatives, etc.) for any portion of the expense not paid by you or your parents. Attach a separate sheet if necessary.

Type of Monthly Expense	Cost Per Month	Amount contributed by you & your parents	Amount contributed by other people / agencies (include source)
Rent / Mortgage	\$	\$	\$ Source:
Utilities & Services (gas, water, cable, electric, cell & home phone, trash removal, etc.)	\$	\$	\$ Source:
Insurance (medical / dental / vision, etc.)	\$	\$	\$ Source:
Doctor visits, medications, and other reoccurring medical expenses	\$	\$	\$ Source:
Food expenses	\$	\$	\$ Source:
Child care expenses, if applicable	\$	\$	\$ Source:
Transportation / Automobile (car payments, car insurance, gasoline, public transportation passes, etc.)	\$	\$	\$ Source:

Additional Explanation of Monthly Income and Expenses

Include any additional explanation of your family's monthly income and expenses below, if needed. Attach a separate sheet if necessary.

BY SIGNING THIS WORKSHEET, WE CERTIFY THAT ALL THE INFORMATION REPORTED IS TRUE AND ACCURATE. WE UNDERSTAND THAT IF THIS FORM IS INCOMPLETE, THE STUDENT'S AID WILL BE DELAYED.

Student Signature: _____

Date: ____/____/____

Parent/Guardian Signature: _____

Date: ____/____/____