2018-2019 Independent Household Expenses Worksheet (HEXPIE)

GWINNETT TECHNICAL COLLEGE

LAWRENCEVILLE | ALPHARETTA-NORTH FULTON

Your Free Application for Federal Student Aid (FAFSA) was selected for a process called verification. Before awarding Financial Aid, we are required confirm the accuracy of the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the documentation you submit in your packet. **Your verification documents will not be reviewed until all requested items are received and you are accepted into a Financial Aid eligible program.** Below is a list of verification documents (**some may not apply to you**). Please check your Student Banner Account at http://www.GTC-Web.org to determine which requested documents are needed.

A. Student's Information

_____ _____

Student's Last Name First Name Middle Initial Student ID Number

B. Expenses in the Student's/Spouse's Name

- List the total **yearly** amount of the listed expense in the "**Total yearly expense amount**" column for bills that are in **you and your spouse's name**.
- If the expense amount is zero, please indicate who paid the expense in the **"Source"** column.
- If a portion of the expense was paid by the student and the other portion was paid by someone else, put the amount that was paid by the student in the center column and put the amount paid by the contributing source in the right column.

DO NOT LEAVE ANY BLANKS. If there is no amount to list, mark the item with N/A or $0.

Expense Type	Total yearly expense amount	Source and amount contributed
Housing *(Rent or Mortgage Payment for house or apartment)*	$	☐ Lived with parent(s) ☐ Other_____
Utilities *(Includes electricity, landline phone, cell phone, gas, water and oil)*	$	☐ Included in rent_____ ☐ Paid by friend or relative_____ ☐ Not applicable (Lived with parent) ☐ Other_____
Transportation *(Car payments, insurance, gas, bus passes, etc.)*	$	☐ Owned/leased a vehicle ☐ Used a friend's or relative's vehicle ☐ Other_____
Food	$	☐ Other_____ ☐ Not applicable (Lived with parent)
Medical Expenses	$	☐ Covered by parent's insurance ☐ Medicaid ☐ Other_____
Child Care	$	☐ Friend or relative keeps child(ren) free of charge ☐ Other_____ ☐ Not applicable

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C. Certification and Signature

Each person signing below certifies that all of the information reported is complete and correct.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Print Student's Name	Student's ID Number
Student's Signature (Required)	Date
Spouse's Signature (Optional)	Date