



Monthly Income and Expense Verification Form

The income reported on your Free Application for Federal Student Aid (FAFSA) does not give our office a clear picture of how your household met their expenses for the 2021 calendar year. Complete this income-to-expenses comparison so that we can better evaluate your eligibility for financial aid. Explain how your household was able to cover expenses such as housing, food, and utilities during the 2021 calendar year.

Student Name (first, last) \_\_\_\_\_

Buff ID \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Student Email \_\_\_\_\_

**Section A: Income**

| <b>2021 Income of Student (and spouse if married)</b> | <b>Amount Per Month</b> | <b>2021 Income of Parent(s) (only if student is dependent)</b> | <b>Amount Per Month</b> |
|---|-------------------------|--|-------------------------|
| Gross Wages   |                         | Gross Wages  |                         |
| Self-Employment Business Income                       |                         | Self-Employment Business Income                                |                         |
| Social Security Benefits                              |                         | Social Security Benefits                                       |                         |
| Unemployment Compensation                             |                         | Unemployment Compensation                                      |                         |
| Child Support Received                                |                         | Child Support Received   |                         |
| Alimony/Spousal Support Received                      |                         | Alimony/Spousal Support Received                               |                         |
| TANF  |                         | TANF   |                         |
| Rental Assistance or HUD                              |                         | Rental Assistance or HUD                                       |                         |
| SNAP or Food Stamp Benefits                           |                         | SNAP or Food Stamp Benefits                                    |                         |
| Cash Given to You by Family or Friends                |                         | Cash Given to You by Family or Friends                         |                         |
| Cash Received or Money/Bills Paid on Your Behalf      |                         | Cash Received or Money/Bills Paid on Your Behalf               |                         |
| Other Sources:  |                         | Other Sources:   |                         |
| <b>Total Income =</b>                                 |                         | <b>Total Income =</b>  |                         |

Continue to Section B

Student's Name \_\_\_\_\_ Buff ID \_\_\_\_\_

**Section B: Expenses**

*The form will not be accepted if you leave a field blank. If the answer is zero enter "0" or "N/A". Please explain in Section C.*

| 2021 Expenses of Student (and spouse if married) | Amount Per Month | 2021 Expenses of Parent(s) (only if student is dependent) | Amount Per Month |
|--|------------------|---|------------------|
| Rent/Mortgage                                    |                  | Rent/Mortgage   |                  |
| Utilities (electric, water, gas)                 |                  | Utilities (electric, water, gas)                          |                  |
| Telephone/Cell Phone                             |                  | Telephone/Cell Phone                                      |                  |
| Medical/Dental Health Insurance                  |                  | Medical/Dental Health Insurance                           |                  |
| Car Payment                                      |                  | Car Payment   |                  |
| Car Insurance                                    |                  | Car Insurance   |                  |
| Food/Groceries                                   |                  | Food/Groceries  |                  |
| Expenses for Care of Dependent(s)                |                  | Expenses for Care of Dependent(s)                         |                  |
| Other Expenses:                                  |                  | Other Expenses:   |                  |
|  |                  |   |                  |
| <b>Total Expenses =</b>                          |                  | <b>Total Expenses =</b>                                   |                  |

**Section C: Explanation of Situation (Required)**

Explain your situation. Include as much detail as possible about how your household covered housing, utilities, and other living expenses for calendar year 2021. An explanation is required if few or no expenses were listed in Section B. If you used savings, line of credit, etc. to meet your expenses include amounts in account at year end.

---

---

---

---

---

---

---

---

---

---

**Section D: Certification Signatures**

I certify that all information reported is complete and accurate. I understand that any false statement or misrepresentation may be cause for reduction and/or repayment of federal, state, or institutional financial aid.

\_\_\_\_\_  
**Student Signature (hand-written signature required)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature if student is dependent (hand-written signature required)**

\_\_\_\_\_  
**Date**