



West Texas A&M University™

Monthly Income and Expense Verification Form  
**INDEPENDENT**

The income reported on your Free Application for Federal Student Aid (FAFSA) does not give our office a clear picture of how expenses were met for the 2016 calendar year. Please complete this income expense comparison so that we can better evaluate your eligibility for financial aid. Explain how you were able to cover expenses such as housing, food and utilities during the 2016 calendar year.

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Student Name (First, Last) \_\_\_\_\_ Buff ID \_\_\_\_\_

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

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

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**Section A: Income**

<b>2016 Student &amp; Spouse Income (if married)</b>	<b>Amount Per Month</b>
Gross Wages	
Self-Employment Business Income	
Social Security Benefits	
Unemployment Compensation	
Child Support Received	
Alimony/Spousal Support	
TANF	
Rental Assistance or HUD	
SNAP or Food Stamp Benefits	
Cash Assistance from Family and Friends	
Cash Received or Money Paid on Your Behalf	
Other Sources:	
<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.*

2016 Student & Spouse Expenses (if married)	Amount Per Month
Rent/Mortgage	
Utilities (electric, water, gas)	
Telephone/Cell Phone	
Medical/Dental Health Insurance	
Car Payment	
Car Insurance	
Food/Groceries	
Dependent Care Expenses	
Other Expenses:	
<b>Total Expenses =</b>	

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

Please explain your situation. Include as much detail as possible about how you and your family covered housing, utilities, and other living expenses for calendar year 2016. An explanation is also 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.

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**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 (required)**

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

Please return completed form to Office of Financial Aid WTAMU Box 60939, Canyon, Texas 79016  
 Fax: (806)651-2924\*Email: [financial@wtamu.edu](mailto:financial@wtamu.edu)\*Office Phone Number: (806)651-2055