

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 2018 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 2018 calendar year.

Student Name (first, last) Buff ID

Home Phone Cell Phone

Student Email

**Section A: Income**

|  |  |  |  |
| --- | --- | --- | --- |
| **2018 Income of****Student (and spouse if married)** | **Amount Per****Month** | **2018 Income of Parent(s)** **(only if student is dependent)** | **Amount Per****Month** |
| 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 |  | Alimony/Spousal Support |  |
| TANF |  | TANF |  |
| Rental Assistance or HUD |  | Rental Assistance or HUD |  |
| SNAP or Food Stamp Benefits |  | SNAP or Food Stamp Benefits |  |
| Cash Assistance from Family or Friends |  | Cash Assistance from Family or Friends |  |
| Cash Received or Money Paid on Your Behalf |  | Cash Received or Money Paid on Your Behalf |  |
| Other Sources: |  | Other Sources: |  |
| **Total Income =**  |  | **Total Income =**  |  |

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.*

|  |  |  |  |
| --- | --- | --- | --- |
| **2018 Expenses of****Student (and spouse if married)** | **Amount Per Month** | **2018 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 |  |
| Dependent Care Expenses |  | Dependent Care Expenses |  |
| Other Expenses: |  | Other Expenses: |  |
|  |  |  |  |
| **Total Expenses =** |  | **Total Expenses =** |  |

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

Please explain your situation. Include as much detail as possible about how your household covered housing, utilities, and other living expenses for calendar year 2018. 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 (actual signature required)** **Date**

**Parent Signature if student is dependent (actual 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\*Office Phone Number: (806)651-2055*