

Office of Student Financial Aid 2018-2019 Monthly Expense Form

The Office of Student Financial Aid received your 2018-2019 Verification Worksheet and/or tax forms for processing. However, upon review of this information, we found that the income reported appears insufficient to support the household. Before the Office of Student Financial Aid can proceed with the verification process, you will need to complete this form to include ALL sources of income you received from January 2016 until December 2016.

If you received any assistance for 2016 from friends and/or relatives with the below expenses, this must be reported as Untaxed Income on your FAFSA form. Federal Guidelines state that, "when the applicant's monetary obligations (bills in their name) are being paid by a friend or relative, the value of any payment made of those obligations must be reported as Untaxed Income."

st Name	Firs	t Name	Banner ID		
ail Address			Phone	Phone Number	
Monthly Expenses:					
Please complete this M	Nonthly Expense Form for	you and your family. As explaine	d above, provide the amount	of the expenses listed and	
	ey were paid for during the			•	
		ee. Please list the cost of these o	expenses even if you do not p	av them. Make sure vou n	
•		se and the relationship to you. I			
OR N/A if not applicab		ic and the relationship to you.	O NOT LEAVE AILT OF THE O	THEN EN ENGLS DEANN, O	
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Household Expenses	rses Family Mont	-	Student Monthly Cost	Income Source From	
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Rent/Mortgage					
Utilities					
Food/Toiletries					
Personal Expenses					
· ·					
Clothing					
Clothing Medical					
Clothing	5				
Clothing Medical	S				
Clothing Medical Credit Card Payments	S				
Clothing Medical Credit Card Payments Entertainment	S				
Clothing Medical Credit Card Payments Entertainment Transportation	5				
Clothing Medical Credit Card Payments Entertainment Transportation Car Payment	5				