



**2015-2016 Independent Student Verification of Total Expenses and Income**

**Student Name** \_\_\_\_\_

**SU ID** \_\_\_\_\_

Please complete Sections 1 and 2 to explain how you and/or your spouse met expenses throughout the 2014 calendar year. If you have indicated "0" in Housing and or in Personal please explain why you do not have these expenses and if someone paid them on your behalf please indicate the amount(s) Section 2, #3 (in-kind support). Once completed, please submit it to our office so we can continue to process your request for financial assistance.

<u>Section 1 Living Expenses</u>	<u>Amount per month</u>	<u># of Months</u>	<u>Yearly Total</u>
<b>1. Housing</b>			
• Rent or Mortgage	\$ _____ X _____		= \$ _____
• Insurance	\$ _____ X _____		= \$ _____
• Maintenance	\$ _____ X _____		= \$ _____
• Other	\$ _____ X _____		= \$ _____
<b>2. Utilities</b>			
• Electric/Gas	\$ _____ X _____		= \$ _____
• Water/Sewer	\$ _____ X _____		= \$ _____
• Phone/Cell	\$ _____ X _____		= \$ _____
• Cable TV	\$ _____ X _____		= \$ _____
• Other	\$ _____ X _____		= \$ _____
<b>3. Transportation</b>			
• Car loan	\$ _____ X _____		= \$ _____
• Insurance	\$ _____ X _____		= \$ _____
• Maintenance	\$ _____ X _____		= \$ _____
• Fuel	\$ _____ X _____		= \$ _____
• Other	\$ _____ X _____		= \$ _____
<b>4. Personal</b>			
• Food	\$ _____ X _____		= \$ _____
• Clothing	\$ _____ X _____		= \$ _____
• Medical/Dental	\$ _____ X _____		= \$ _____
• Other	\$ _____ X _____		= \$ _____
<b>5. Day Care</b>	\$ _____ X _____		= \$ _____
<b>6. Other Expenses</b>	\$ _____ X _____		= \$ _____
<b>Total 2014 (add all lines)</b>			\$ _____

**OVER**

**Section 2 Student/Spouse Annual Income (January 1, 2014 – December 31, 2014)**

**1. Annual Taxable Income for calendar year 2014**

- Earned income for 2014 W-2's \$ \_\_\_\_\_
- Net Business income earned \$ \_\_\_\_\_
- Net farm income earned \$ \_\_\_\_\_
- Unemployment compensation \$ \_\_\_\_\_

**Total Taxable Income** 1. \$ \_\_\_\_\_

**2. Annual Untaxed Income for calendar year 2014**

- Welfare Benefits, TANF, AFDC \$ \_\_\_\_\_
- Social Security Benefits \$ \_\_\_\_\_
- Disability Benefits \$ \_\_\_\_\_
- Child Support Received \$ \_\_\_\_\_
- Workman's Compensation \$ \_\_\_\_\_

**Total Untaxed Income** 2. \$ \_\_\_\_\_

**3. Annual Untaxed Assistance for calendar 2014**

- Food stamps \$ \_\_\_\_\_
- Day Care Assistance \$ \_\_\_\_\_
- Housing Assistance type: \_\_\_\_\_ \$ \_\_\_\_\_
- Cash from Family and Friends \$ \_\_\_\_\_
- Other: source/In Kind Support \_\_\_\_\_ \$ \_\_\_\_\_

**Total Untaxed Income** 3. \$ \_\_\_\_\_

**4. Other Income for calendar year 2014**

- Interest \$ \_\_\_\_\_
- Dividends \$ \_\_\_\_\_
- Other: source \_\_\_\_\_ \$ \_\_\_\_\_

**Total Other Income** 4. \$ \_\_\_\_\_

**Total 2014 Income (1+2+3+4)** \$ \_\_\_\_\_

<b>Total 2014 Expenses from Section 1</b>	\$ _____
<b>Total 2014 Income from Section 2</b>	\$ _____

If the total expenses from Section 1 are greater than the total income from Section 2, please explain below what additional resources were used to pay for the expenses.

---



---



---



---

**By signing this worksheet, we certify that all information reported on it is complete and correct.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_