



2016-2017 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 2015 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.

Section 1 Living Expenses Amount per month # of Months Yearly Total

1. Housing
• Rent or Mortgage \$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_
• Insurance \$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_
• Maintenance \$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_
• Other \$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_

2. Utilities
• Electric/Gas \$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_
• Water/Sewer \$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_
• Phone/Cell \$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_
• Cable TV \$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_
• Other \$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_

3. Transportation
• Car loan \$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_
• Insurance \$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_
• Maintenance \$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_
• Fuel \$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_
• Other \$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_

4. Personal
• Food \$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_
• Clothing \$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_
• Medical/Dental \$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_
• Other \$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_

5. Day Care \$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_

6. Other Expenses \$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_

Total 2015 (add all lines) \$ \_\_\_\_\_

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**Section 2 Student/Spouse Annual Income (January 1, 2015 – December 31, 2015)**

**1. Annual Taxable Income for calendar year 2015**

- Earned income for 2015 W-2's \$ \_\_\_\_\_
- Net Business income earned \$ \_\_\_\_\_
- Net farm income earned \$ \_\_\_\_\_
- Unemployment compensation \$ \_\_\_\_\_

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

**2. Annual Untaxed Income for calendar year 2015**

- 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 2015**

- 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 2015**

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

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

**Total 2015 Income (1+2+3+4)** \$ \_\_\_\_\_

<b>Total 2015 Expenses from Section 1</b>	\$ _____
<b>Total 2015 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.

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

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

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