



2017-2018 Independent Student Verification of 2015 Expenses

Student Name _____

SU ID _____

Our office is required to obtain information on how you supported yourself during the 2015 year.

Please indicate the yearly expenses **you/spouse** had for 2015 and who paid the expenses. If an expense does not apply write N/A for Not Applicable and explain why in comment column (ex. lived with parent rent free or cable TV was covered in rental agreement) Once completed, please return it to our office so we can continue to process your request for financial assistance.

Living Expenses	2015 Yearly Total	Indicate who paid the expense. If self, indicate the source of funds. Ex: Employment, Post 9/11, etc.	Comment
Rent/Mortgage	\$		
Insurance	\$		
Maintenance	\$		

Utilities	2015 Yearly Total	Indicate who paid the expense. If self, indicate the source of funds. Ex: Employment, Post 9/11, etc.	Comment
Cell Phone/Phone	\$		
Electric/Gas	\$		
Water/Sewer/Trash	\$		
Cable TV	\$		

Transportation	2015 Yearly Total	Indicate who paid the expense. If self, indicate the source of funds. Ex: Employment, Post 9/11, etc.	Comment
Car Loan	\$		
Fuel	\$		
Maintenance	\$		
Insurance	\$		

Personal	2015 Yearly Total	Indicate who paid the expense. If self, indicate the source of funds. Ex: Employment, Post 9/11, etc.	Comment
Food	\$		You must provide a yearly total
Clothing	\$		
Medical/Dental	\$		
Personal Items	\$		You must provide a yearly total

Additional Comments:

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

Student Signature _____

Date _____

Spouse Signature _____

Date _____