



2018-2019 Verification of Total Expenses and Income - Independent Student

Student Name _____

SU ID _____

Our office is required to obtain information on how you supported yourself during the 2016 year.

Please indicate the yearly expenses you/spouse had for 2016 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.

2016 Expenses – *FOR EVERY CATEGORY* you are **REQUIRED** to list a dollar amount and who paid the expense **OR** \$0 and a comment explaining why the category does not apply.

Living Expenses	2016 Yearly Total	Who paid for this expense?	Comment
Rent/Mortgage	\$		
Home/rental Insurance	\$		
Maintenance costs/fees	\$		

Utilities	2016 Yearly Total	Who paid for this expense?	Comment
Cell Phone/Phone	\$		
Electric/Gas	\$		
Water/Sewer/Trash	\$		
Cable TV	\$		

Transportation	2016 Yearly Total	Who paid for this expense?	Comment
Car Loan	\$		
Fuel	\$		
Maintenance	\$		
Insurance	\$		

Personal	2016 Yearly Total	Who paid for this expense?	Comment
Food	\$		You must provide a yearly total
Clothing	\$		
Medical/Dental	\$		
Personal Items	\$		You must provide a yearly total

Student Name _____

SU ID _____

2016 Sources of Income - *FOR EVERY CATEGORY* you are **REQUIRED** to list a dollar amount OR \$0 if the category does not apply.

Annual Taxable Income	2016 Yearly Total
Earned income for 2016 – W-2 income	\$
Net Business income earned – 1099, Schedule C, etc	\$
Net farm income earned	\$
Unemployment compensation	\$

Annual Untaxed Income	2016 Yearly Total
Welfare Benefits, TANF, AFDC	\$
Social Security Benefits – Beneficiary:	\$
Disability Benefits – Beneficiary:	\$
Child Support Received	\$
Workman’s Compensation	\$
Veteran’s Non-Education Benefits – type of benefit:	\$

Annual Untaxed Assistance	2016 Yearly Total
Food Stamps (SNAP)	\$
Day Care Assistance	\$
Housing Assistance – type:	\$
Cash from family and/or friends	\$
Other – source:	\$

Other Income	2016 Yearly Total
Interest	\$
Dividends	\$
Rental/ Real Estate	\$
Other – source:	\$

Additional Comments:

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

Student Signature _____ Date _____

Spouse Signature _____ Date _____