



Monthly Income and Expense Verification Form
DEPENDENT

The income reported on your Free Application for Federal Student Aid (FAFSA) does not give our office a clear picture of how your family met their expenses for the 2015 calendar year. Please complete this income to expenses comparison so that we can better evaluate your eligibility for financial aid. Explain how you and your parent(s) were able to cover expenses such as housing, food, and utilities during the 2015 calendar year.

Student Name (first, last)

Buff ID

Home Phone

Cell Phone

Student Email

Section A: Income

Parent(s) 2015 Income	Amount Per Month	Student 2015 Income	Amount Per Month
Gross Wages		Gross Wages	
Self-Employment Business Income		Self-Employment Business Income	
Social Security Benefits		Social Security Benefits	
Unemployment Compensation		Unemployment Compensation	
Child Support Received		Child Support Received	
Alimony/Spousal Support		Alimony/Spousal Support	
TANF		TANF	
Rental Assistance or HUD		Rental Assistance or HUD	
SNAP or Food Stamp Benefits		SNAP or Food Stamp Benefits	
Cash Assistance from Family or Friends		Cash Assistance from Family or Friends	
Cash Received or Money Paid on Your Behalf		Cash Received or Money Paid on Your Behalf	
Other Sources:		Other Sources:	
Total Income =		Total Income =	

Continue to Section B

Student's Name _____ Buff ID _____

Section B: Expenses

The form will not be accepted if you leave a field blank. If the answer is zero enter "0" or "N/A". Please explain in Section C.

2015 Parent(s) Expenses	Amount Per Month	2015 Student Expenses	Amount Per Month
Rent/Mortgage		Rent/Mortgage	
Utilities (electric, water, gas)		Utilities (electric, water, gas)	
Telephone/Cell Phone		Telephone/Cell Phone	
Medical/Dental Health Insurance		Medical/Dental Health Insurance	
Car Payment		Car Payment	
Car Insurance		Car Insurance	
Food/Groceries		Food/Groceries	
Dependent Care Expenses		Dependent Care Expenses	
Other Expenses:		Other Expenses:	
Total Expenses =		Total Expenses =	

Section C: Explanation of Situation (Required)

Please explain your situation. Include as much detail as possible about how your family covered housing, utilities, and other living expenses for calendar year 2015. An explanation is required if few or no expenses were listed in Section B. If you used savings, line of credit, etc. to meet your expenses include amounts in account at year end.

Section D: Certification Signatures

I certify that all information reported is complete and accurate. I understand that any false statement or misrepresentation may be cause for reduction and/or repayment of federal, state, or institutional financial aid.

Parent Signature (required)

Date

Student Signature (required)

Date

*Please return completed form to Office of Financial Aid WTAMU Box 60939, Canyon, Texas 79016
Fax: (806)651-2924*Email: financial@wtamu.edu*Office Phone Number: (806)651-2055*