



**2018 Family Budget Report (12 Month)- Independent**

Student's Name (Last, First, MI)

myWSU ID Number

Phone Number

**INSTRUCTIONS >>>**

The information you provided on the FAFSA reflects a particularly low income. Therefore, the Office of Financial Aid must ask you to verify how you met living expenses in 2018.

**Mortgage or rent per month:**

Amount: \$ \_\_\_\_\_

If you paid these expenses, please explain how.

☐ Student/spouse \_\_\_\_\_

☐ Assistance from state/federal agency \_\_\_\_\_

☐ Other/Explanation \_\_\_\_\_

**Utilities (electric, water, heat, phone, cable, etc.) per month:**

Amount: \$ \_\_\_\_\_

If you paid these expenses, please explain how.

☐ Student/spouse \_\_\_\_\_

☐ Assistance from state/federal agency \_\_\_\_\_

☐ Other/Explanation \_\_\_\_\_

**Food per month:**

Amount: \$ \_\_\_\_\_

If you paid these expenses, please explain how.

☐ Student/spouse \_\_\_\_\_

☐ Assistance from state/federal agency (i.e., State, SNAP) \_\_\_\_\_

☐ Other/Explanation \_\_\_\_\_

**Transportation (car insurance, payment, gas, bus, maintenance, taxes) per month:**

Amount: \$ \_\_\_\_\_

If you paid these expenses, please explain how.

☐ Student/spouse \_\_\_\_\_

☐ Use public transportation \_\_\_\_\_

☐ Other/Explanation \_\_\_\_\_

**Medical and dental costs per month:**

Amount: \$ \_\_\_\_\_

If you paid these expenses, please explain how.

☐ Student/spouse \_\_\_\_\_

☐ Assistance from state/federal agency \_\_\_\_\_

☐ Other/Explanation \_\_\_\_\_

**Clothes, personal expenses, child care and spending money per month:**

Amount: \$ \_\_\_\_\_

If you paid these expenses, please explain how.

☐ Student/spouse \_\_\_\_\_

☐ Assistance from state/federal agency \_\_\_\_\_

☐ Other/Explanation \_\_\_\_\_

>>> Please list any and all income or assistance used in addition to working wages to provide housing, food, utilities, clothing, etc. for the household in 2018: \_\_\_\_\_

>>> Provide name and address of the person if anyone other than you or your spouse paid expenses in 2018: \_\_\_\_\_

Student's Signature

Date

Digital signature cannot be accepted.

**Warning:** If you receive student aid based on incorrect information, you may have to return it and/or pay fines and fees. If you purposely give false or misleading information on this form, you may be fined \$20,000, receive a prison sentence, or both.

**Affirmation:** By signing above, I certify that all information I have submitted is accurate and verified with supporting documentation.