

YEARLY EXPENSE/RESOURCE WORKSHEET

ACADEMIC YEAR 2022-2023

Name _____ *SID FIELD (BELOW) IS REQUIRED*

Telephone _____ Student ID: _____

I certify the information provided on this form is true and complete to the best of my knowledge.

(Required) Student Signature _____ Date _____

(Required) Parent Signature _____ Date _____

You indicated an extremely low parental income on your 2022-2023 FAFSA and we need to verify how your parents were able to live on such a low income. To confirm your eligibility for financial aid, please have your parent[s] **READ BOTH SIDES** of this form and then complete the applicable sections.

Section A: (Parent only: please check all that apply to you, your income and expenses)

In 2020, one or both parent[s] was a college student and received Financial Aid (loans, grants, work study, and/or scholarships) which was used to pay for living expenses. Name of parent[s] attending college _____ College[s] parent is attending: _____

In 2020, I (the parent) received one or more of the following to pay for living expenses (rent, utilities, food, transportation, etc.) for myself and my dependents:

<input type="checkbox"/> Food Stamps	<input type="checkbox"/> DSHS/Welfare	<input type="checkbox"/> Social Security	<input type="checkbox"/> Subsidized Housing
<input type="checkbox"/> Disability	<input type="checkbox"/> L & I	<input type="checkbox"/> Hospitalized*, had no income or expenses	
<input type="checkbox"/> Incarcerated*, had no income or expenses		*If hospitalized or incarcerated, dates: _____ - _____	

If you (the parent) received any of the above funding sources **OTHER THAN FOOD STAMPS** to pay for living expenses, please complete Section A only, sign this form and return it to the financial aid office. Otherwise, complete Section B of this form (including worksheets on page 2), sign and return it to the financial aid office.

Section B: (Parent only)

If you (the parent) did not receive any of the funding sources in Section A, **OTHER THAN FOOD STAMPS**, to pay for living expenses, please complete all of Section B, including both worksheets on page 2. You may add an additional statement if you wish to explain unusual circumstances. If you have any questions, please contact the financial aid office for assistance. We assume that every person must have some basic living expenses and income to cover those expenses. If someone is paying your bills, this amount would be placed under "expenses paid by others" in the income grid. **NOTE: If \$0 income and expense is reported and no explanation as to why, you will automatically be assigned a standard amount for both income and expenses, which may be higher than your actual income/expenses.

REQUIRED: Complete the Expense worksheet detailing your ACTUAL 2020 household expenses (ACTUAL EXPENSES/BILLS PAID BY YOU OR SOMEONE ELSE -- NOT what you think you need in the coming year, but what was actually paid in 2020). **Do not include debt that you did not actually pay.** For this form, your Expenses paid should not total more than your income, as you cannot pay for something if you do not have the resources to do so.

REQUIRED: Complete the Resource worksheet detailing resources used to meet these living expenses. Tell us how and who paid for the expenses that you detailed on the Expense worksheet.

Section B Worksheets: (Parent Only)

2020 Yearly Expenses PAID Worksheet
 (January 1, 2020-December 31, 2020)

Budget Item	ACTUAL Yearly Expenditures
Rent/Mortgage/Housing	
Food/Groceries/Dining	
Utilities (electric, gas, oil, water, sewer, phone, cable, garbage)	
Insurance (medical, home, life)	
Car payments, license, and insurance	
Car maintenance and repairs	
Gasoline/parking/public transportation	
Medical/Dental costs not covered by insurance	
Clothing	
Personal services/items (grooming, haircuts, laundry)	
Recreation/Entertainment	
Credit card debt paid	
Cell phone/pager/other wireless communication	
Miscellaneous (list on separate sheet)	
TOTAL EXPENSES	

2020 Yearly Resource Worksheet
 (January 1, 2020-December 31, 2020)

RESOURCES used to meet living expenses	ACTUAL Yearly Amount
GROSS Income from work: Father/Stepfather/Parent #1 (w-2 wages, tips, etc)	
GROSS Income from work: Mother/Stepmother/Parent #2 (w-2 wages, tips, etc)	
Income from Business (from Form 1040 - if negative, use "0")	
Money from relatives and/or friends	
Expenses paid by others	
Unemployment compensation	
Retirement	
Savings and Investment withdrawals	
Credit Card advances and/or amounts used to pay expenses	
Interest/dividend income	
Insurance payments	
Income from loans or cash advances (NOT Fin Aid)	
Other sources (NOT Fin Aid) - list sources on separate sheet	
Miscellaneous (list on separate sheet)	
TOTAL RESOURCES (should be greater than or equal to total expenses above)	

Statement of unusual circumstances: _____

Return to:
Financial Aid Office
 1300 Fifth St – Wenatchi Hall
 Wenatchee, Washington 98801
 Phone: 509-682-6810
 Fax: 509-682-6811
 E-Mail: financialaid@wvc.edu