

YEARLY EXPENSE/RESOURCE WORKSHEET

ACADEMIC YEAR 2024-2025

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.

You indicated an extremely low income for 2022 on your FAFSA and we need to verify how you were able to live on such a low income. To confirm eligibility for financial aid, please complete the following.

**Section A:** (please check all that apply to you (and spouse if married), your income and expenses)

In 2022, I received Financial Aid (loans, grants, work study, and/or scholarships) which was used to pay for living expenses. **List college attended:** \_\_\_\_\_

In 2022, my spouse received Financial Aid (loans, grants, work study, and/or scholarships) which was used to pay for living expenses. **Spouse's Name** \_\_\_\_\_ **College:** \_\_\_\_\_

In 2022, I (and/or spouse) received one or more of the following **UNTAXED** resources to pay for living expenses (rent, utilities, food, transportation, etc.) **\*\*Note: Unemployment benefits are NOT included here.**

<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 (and/or spouse) 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:**

If you did not receive any of the funding sources in Section A to pay for living expenses, or if you received only Food Stamps, please complete all of Section B, **including both worksheets on page 2**. 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 2022 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 2022). **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. You may add an additional statement to explain unusual circumstances.

**COMPLETE PAGE 2 (OTHER SIDE)**

**Section B Worksheets:****2022 Yearly Expenses PAID Worksheet**

(January 1, 2022-December 31, 2022)

<b>Budget Item</b>	<b>ACTUAL Yearly Expenditures</b>
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 <b>not covered by insurance</b>	\$
Clothing	\$
Personal services/items (grooming, haircuts, laundry)	\$
Recreation/Entertainment	\$
Credit card debt paid	\$
Cell phone/pager/other wireless communication	\$
Miscellaneous (list on separate sheet)	\$
<b>TOTAL EXPENSES</b>	<b>\$</b>

**2022 Yearly Resource Worksheet**

(January 1, 2022-December 31, 2022)

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

Statement of unusual circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Return to:**  
**Financial Aid Office**  
 1300 Fifth Street – Wenatchi  
 Hall Wenatchee, Washington  
 98801 Phone: 509-682-6810  
 Fax: 509-682-6811  
 E-Mail: [financialaid@wvc.edu](mailto:financialaid@wvc.edu)

*This page is for information purposes only. It is not required to be submitted with your form.*

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## ***Wenatchee Valley College Non-discrimination Statement***

Wenatchee Valley College is committed to a policy of equal opportunity in employment and student enrollment. All programs are free from discrimination and harassment against any person because of race, creed, color, national or ethnic origin, sex, sexual orientation, gender identity or expression, the presence of any sensory, mental, or physical disability, or the use of a service animal by a person with a disability, age, parental status or families with children, marital status, religion, genetic information, honorably discharged veteran or military status or any other prohibited basis per RCW 49.60.030, 040 and other federal and laws and regulations, or participation in the complaint process.

The following persons have been designated to handle inquiries regarding the non-discrimination policies and Title IX compliance for both the Wenatchee and Omak campuses:

- To report discrimination or harassment: Title IX Coordinator, Wenatchi Hall 2322M, (509) 682-6445, title9@wvc.edu.
- To request disability accommodations: Student Access Coordinator, Wenatchi Hall 2133, (509) 682-6854, TTY/TTD: dial 711, sas@wvc.edu.

## ***Wenatchee Valley College Declaraciones de no discriminación***

Wenatchee Valley College está comprometido a una política de igualdad de oportunidades en el empleo y la matriculación de estudiantes. Todos los programas están libres de discriminación y acoso contra cualquier persona debido a raza, credo, color, origen nacional o étnico, sexo, orientación sexual, identidad o expresión de género, la presencia de cualquier discapacidad sensorial, mental o física, o el uso de un animal de servicio por una persona con discapacidad, edad, estatus o familias con niños, estado civil, religión, información genética, veterano descargado honorablemente o estatus militar o cualquier otra base prohibida por el RCW 49.60.030, 040 y otras leyes y reglamentos federales, o participación en el proceso de queja.

Las siguientes personas han sido designadas para atender consultas sobre las políticas de no discriminación y el cumplimiento del Título IX para los campus de Wenatchee y Omak:

- Para denunciar discriminación o acoso: Coordinador del Título IX, Wenatchi Hall 2322M, (509) 682-6445, title9@wvc.edu.
- Para solicitar adaptaciones para discapacitados: Coordinador de acceso estudiantil, Wenatchi Hall 2133, (509) 682-6854, TTY/TTD: marque 711, sas@wvc.edu