

Parent Income and Expense Worksheet

Academic Year 2016-2017

Student Name: _____

Student ID # _____ Date: _____

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

Parent Signature: _____

To confirm your eligibility for financial aid, please complete BOTH of the following:**(1)Expense worksheet and (2) Income worksheet****2015 Expense Worksheet** (January 1, 2015-December 31, 2015)

Budget Item	Total Yearly Expenditure
Rent/Mortgage/Housing/Property Taxes/Property Insurance	
Food/Groceries/Dining	
Utilities (electric, gas, water, sewer, phone, cable, garbage, internet)	
Cell phone/ other wireless communication	
Transportation (public transportation, car: payments, license, insurance, gasoline, maintenance, repairs, parking)	
Insurance (medical, dental, life)	
Education Expenses – you, spouse, child (tuition, books, supplies, uniform)	
Personal Items / Services (clothing, grooming, haircuts, laundry)	
Recreation/Entertainment	
Credit card debt paid	
Miscellaneous	
TOTAL YEARLY EXPENSES	\$

If your total yearly expenses exceed your total yearly income (page 2), explain how your expenses are paid for:

2015 Income Worksheet (January 1, 2015 – December 31, 2015)

☐ Parent: Check here if you did not file and were not required to file a 2015 tax form.

☐ Parent: Check here if you have already used the IRS Data Retrieval Tool in FAFSA on the Web to retrieve and transfer 2015 IRS income information into your FAFSA.

Income/Recourses used to meet the living expenses reported on page 1	Yearly Amount Received
Earnings from work (parent 1) Please provide documentation of income.	
Earnings from work (parent 2) Please provide documentation of income.	
Income from Business that you used for your personal/household expenses	
Interest / Dividend Income	
Social Security Benefits	
TANF or other public assistance	
Food Stamps (SNAP) <input type="checkbox"/> SSI <input type="checkbox"/> Free/Reduced Lunch <input type="checkbox"/> WIC <input type="checkbox"/> Check all boxes that apply/list the amount(s) received if applicable:	
Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits) Source: _____	
Unemployment compensation	
Workers' compensation or L&I (Labor & Industries)	
Veterans non-education benefits	
Child Support RECEIVED for all children	
Savings and/or Investment withdrawals to cover expenses	
Financial Aid (grants, scholarships, loans) received (after tuition/fees and books are paid) to pay household expenses	
Income from loans. Indicated Source: _____	
Income from cash advances or expenses paid by credit card. Indicate source: _____	
Retirement and /or Pension	
Money received or expenses paid on your behalf (e.g., bills), not already reported on this form.	
Insurance settlements or payment received	
Other income / resources received to meet expenses (list on separate sheet)	
TOTAL YEARLY INCOME/RESOURCES	\$