



2018-2019 EXPENSE BREAKDOWN WORKSHEET

Contact Information
 P: 610-436-2627
 E: finaid@wcupa.edu
www.wcupa.edu/finaid

To be completed by: Independent Student Parent of the above Dependent Student

Student's First Name _____ Student's Last Name _____ WCU ID # _____

Failure to complete all fields below may delay the disbursement of your financial aid funds. The 2016 calendar year total income that you and/or your parents reported on the 2018-2019 FAFSA seems to be unusually low to meet your monthly living expenses. When total income reported seems to be too low to meet the living expenses, federal guidance recommends that we determine how your monthly expenses were paid and by whom. Additional information or documentation may be required if this form is incomplete, unclear, or insufficient or if additional questions arise based on the information provided.

Monthly Expense	Average Monthly Amount	How were Expenses Paid?
Housing Status: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with relative/other and pay no housing	\$ _____	<input type="checkbox"/> Self <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Other: _____
Household Utilities: Gas, Electric, Water, Internet, Cable, etc	\$ _____	<input type="checkbox"/> Self <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Other: _____
Food (Do not include Food Stamps)	\$ _____	<input type="checkbox"/> Self <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Other: _____
Travel Expenses: Car payment, Gas, Car Insurance, etc.	\$ _____	<input type="checkbox"/> Self <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Other: _____
Miscellaneous: Cell Phone, Child Care, other expenses not listed	\$ _____	<input type="checkbox"/> Self <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Other: _____

- Do you receive food stamps? Yes No
 Do you receive Social Security benefits? Yes No
 Do you receive a Section 8 or other housing subsidy? Yes No
 Did you receive a refund from Financial Aid in **2016**? Yes No

If your 2016 expenses were greater than the reported AGI on your 2016 taxes, please provide how those expenses were covered. If no explanation is given, we will add that difference to in kind support on your 2018-2019 FAFSA

Student's Signature _____ Date _____

Parent's Signature (if dependent) _____ Date _____

Please return all documents by email or mail.
 Mailing Address: 030 Kershner Student Service Center, 25 University Ave, West Chester, PA 19383
 Email: finaid@wcupa.edu

Please note: we will no longer accept fax documents.