

To be completed by:

2016-2017 EXPENSE BREAKDOWN WORKSHEET

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

Fill out electronically or print clearly in ink and sign where indicated. Failure to complete all fields below may delay the disbursement of your financial aid funds.

☐ Independent Student ☐ Parent of the Dependent Student

Student's First Name	_ Student's Last Name		WCU ID #
The 2015 calendar year total income that you an meet your monthly living expenses. When total in recommends that we determine how your month be required if this form is incomplete, unclear, or	ncome reported seems to ly expenses were paid and	be too low to by whom. Ad	meet the living expenses, federal guidance ditional information or documentation may
Monthly Expense	Average Monthly	Amount	How were Expenses Paid?
Housing Status: ☐Rent ☐Own ☐Live with relative/other and pay no housing	\$		☐ Self ☐ Relative/Friend ☐ Other:
Household Utilities: Gas, Electric, Water, Internet, Cable, etc	\$		☐ Self ☐ Relative/Friend ☐ Other:
Food (Do not include Food Stamps)	\$		☐ Self ☐ Relative/Friend ☐ Other:
Travel Expenses: Car payment, Gas, Car Insurance, etc.	\$		☐ Self ☐ Relative/Friend ☐ Other:
Miscellaneous: Cell Phone, Child Care, other expenses not listed	\$		☐ Self ☐ Relative/Friend ☐ Other:
Do you receive food stamps? Do you receive Social Security benefits? Do you receive a Section 8 or other housing subsice Did you receive a refund from Financial Aid in 201	•	☐ No ☐ No ☐ No ☐ No	
Student's Signature		Today's Date	
Parent's Signature (if dependent)		Today's 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