

2020-2021 EXPENSE BREAKDOWN WORKSHEET

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

To be completed by, based on FAFSA Status:		☐ Independent Stud	dent Custodial Pa	☐ Custodial Parent of the Dependent Student	
Student's Name		WCU ID #			
The West Chester University Fir FAFSA. Please complete all sect			-	ported zero or very low income on the plicable.	
Please check if your parent(s) c ☐ Food stamps ☐ TA	or you received an ANF or other cash	-	ng 2018: □ WIC	☐ Free or Reduced Lunch	
•	rity Disability	☐ Social Security Re		☐ Social Security Survivor Benefits	
In 2018, did you receive cash a: ☐ No other sources of cash ass	-		d on this form?		
\square Yes, from child support payments.			Amount \$		
\square Yes, from a spouse, significant other or friend.			Amount \$		
\square Yes, from parents or other family members.			Amount \$		
\square Yes, from an outside agency or provider.			Amount \$		
Expenses	penses Monthly 2		Source or Payment		
Ex. Housing	\$ 100		TANF		
Housing					
Food					
Transportation					
Car Payment & Insurance					
Gas & Tolls					
Public Transportation					
Health Care					
Child Care					
Other expenses					
The information I have provid knowledge.	ed on this Expens	se Breakdown Verificat	ion Worksheet is co	mplete and correct to the best of my	
Student Signature			Date		
Parent Signature		Date			
(Required for Dependent Stude					

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