

DEPENDENT STUDENT EXPENSE BREAKDOWN WORKSHEET

Student's Name _____

WCU ID # _____

The West Chester University Financial Aid Office is requesting this form because you either reported zero or very low income on the FAFSA. Please complete all sections of this form. **Do not leave any items blank. Enter "0" if applicable.**

Please check if your parent(s)' received any of the following during 2019:

- Food stamps TANF or other cash from welfare WIC Free or Reduced Lunch
 SSI Social Security Disability Social Security Retirement Income Social Security Survivor Benefits

In 2019, did your parent(s)' receive cash assistance from any other source not listed on this form?

- No other sources of cash assistance received in 2019
 Yes, from child support payments. Amount \$ _____
 Yes, from a spouse, significant other or friend. Amount \$ _____
 Yes, from parents or other family members. Amount \$ _____
 Yes, from an outside agency or provider. Amount \$ _____

Please List your parent(s)' monthly living expenses. Do NOT list "cash" list the source (i.e. work, savings, specific family member, etc.)

Expenses	Monthly 2019 Amount	Source or Payment
<i>Ex. Housing</i>	<i>\$ 100</i>	<i>TANF</i>
Housing		
Food		
Transportation		
Car Payment & Insurance		
Gas & Tolls		
Public Transportation		
Health Care		
Child Care		
Other expenses		

The information I have provided on this Expense Breakdown Verification Worksheet is complete and correct to the best of my knowledge.

Student Signature _____

Date _____

Parent Signature _____

Date _____