



WHITWORTH

FAMILY EXPENSE FORM

(STUDENT'S PRINTED NAME)

(WHITWORTH I.D. #)

(DATE)

The income reported on the FAFSA does not appear to be adequate to cover your family expenses. In order to determine your eligibility for financial aid, both sides of this form must be completed for the calendar year 2011. If you are a dependent student, the parent that completed the FAFSA is required to complete this form.

Living Expenses:

Amt./Month

Amt./Year

Subtotal

A. Housing Costs

1. Rent or Mortgage \$ _____ X 12 = _____
2. Other Real Estate \$ _____ X 12 = _____

\$ _____

B. Utilities(average/mo.)

1. Gas & Electric \$ _____ X 12 = _____
2. Water \$ _____ X 12 = _____
3. Garbage \$ _____ X 12 = _____
4. Telephone/Internet Service \$ _____ X 12 = _____
5. Cellular phone _____
6. Other _____ \$ _____ X 12 = _____

\$ _____

C. Transportation

1. Gas \$ _____ X 12 = _____
2. Maintenance \$ _____ X 12 = _____
3. Car Payment & Insurance \$ _____ X 12 = _____
4. Public Transit \$ _____ X 12 = _____

\$ _____

D. Other Expenses

1. Food \$ _____ X 12 = _____
2. Clothing \$ _____ X 12 = _____
3. Charge Acct. Payments \$ _____ X 12 = _____
4. School Tuition
(excluding applicant) \$ _____ X 12 = _____
5. Dependent Daycare \$ _____ X 12 = _____
6. Health/Dental Insurance \$ _____ X 12 = _____
7. Prescriptions \$ _____ X 12 = _____
7. Other _____ \$ _____ X 12 = _____

\$ _____

TOTAL EXPENSES (Add subtotals A through D).....\$ _____

(OVER)

Whitworth Use Only:
PV as PJ Track as F12EXPC
REVC code

M:\FORMS\12 Forms\12familyexpenseform.doc

FINANCIAL RESOURCES FOR THE CALENDAR YEAR

- 1. Income from employment \$ _____
- 2. Unemployment/SSI/disability \$ _____
- 3. Public assistance \$ _____
- 4. Housing and/or food allowance \$ _____
- 5. Parental/relative assistance \$ _____
- 6. Draw from business \$ _____
- 7. Depreciation \$ _____
- 8. Interest and/or dividends \$ _____
- 9. Alimony/child support \$ _____
- 10. Capital gains \$ _____
- 11. Income from other real estate \$ _____
- 12. Cash/savings used for expenses \$ _____
- 13. Other _____ \$ _____

TOTAL RESOURCES..... \$ _____

TOTAL EXPENSES (total from front) \$ _____

Important: If total expenses exceed total resources, please explain how expenses were met.

I declare under penalty of perjury under the laws of the United States of America that the above information is true and correct.

Applicant's signature

Date

Parent's signature (if applicable)

Date

Daytime phone number _____

Return to:

FINANCIAL AID OFFICE

300 WEST HAWTHORNE ROAD, SPOKANE, WA 99251
509.777.3215 509.777.4601 (FAX) finaid@whitworth.edu

Whitworth Use Only:
PV as PJ Track as F12EXPC
REVC code

M:\FORMS\12 Forms\12familyexpenseform.doc