



Student Name: \_\_\_\_\_ CWID: \_\_\_\_\_

The Office of Enrollment Services requires additional information to complete the comprehensive review process of your financial aid file. The following information must be accurately completed and returned to the Office of Enrollment Services within two weeks of receipt. Copies of supporting documents may also be requested by the Office.

Incomplete information and forms with "zero" total resources cannot be accepted.

**2018 Monthly Paid Expenses:**

<i>Expense Category</i>	<i>Amount Paid Per Month</i>
Home Mortgage/Rent/Taxes	_____
Utilities	_____
Auto Payments & Gas	_____
Insurance Payments	_____
Medical Expenses (not covered by Ins)	_____
Child Care/Day Care	_____
Food & Clothing Expenses	_____
<b>Total Expenses:</b>	_____

List household financial resources, with the respective dollar amounts, that were used to meet the above listed expenses. Be sure to include all resources, including but not limited to, the following: wages, business income, rental income, investment income, unemployment, disability benefits, social security benefits, pensions, monetary gifts, etc.

**2018 Monthly Resources/Income:**

<i>Resource Type</i>	<i>Amount Received Per Month</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<b>Total Resources:</b>	_____

Are any expenses paid by another person(s) or business? **Please Choose One:**  
**IF YES, complete the below section:**

<i>Expense Paid</i>	<i>By Whom</i>	<i>Amount Per Month</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Total Paid by Others:</b>		_____

I (We) certify that the above stated information is correct and complete. I(We) understand that supplying false and incorrect information will result in the cancellation of all potential financial aid funds.

Student Signature & Date: \_\_\_\_\_ ES Counselor: \_\_\_\_\_

Print Parent (or Spouse) Name: \_\_\_\_\_ Parent (or Spouse) Signature: \_\_\_\_\_