

2016- 2017 Monthly Expense Form



J . Sargeant Reynolds Community College
Financial Aid Office
PO Box 85622
Richmond, VA 23285-5622

We recently received your 2016-17 Verification Worksheet and/or tax forms for processing. However, upon review of this information, we found that the income reported seems low. Before we can proceed with the verification process, you will need to complete this form to include **ALL** sources of income you and your parents received from January 2015 until December 2015.

If the student received any assistance in 2015 from friends and/or relatives with the below expenses, this must be reported as Untaxed Income on your FAFSA form. Federal guidelines state that, "**when the applicant's monetary obligations (bills in their name) are being paid by a friend or relative, the value of any payment made on those obligations must be reported as Untaxed Income.**"

Section A: Student Information

Last Name		First Name	M.I.	Student ID Number (EMPLID)
Phone Number		Social Security Number		

Section B: Monthly Expenses

Please complete this Monthly Expense Form for you and your parent(s). As explained above, provide the amount of the expenses listed and the sources from which they were paid for during the 2015 calendar year.

If any of your housing, food, or other expenses were provided for you free of charge, please indicate the amount of these cost in the space provided under the Monthly Cost column. In addition, provide the name of the person who provided this for you and their relationship to you under the Income Source From Which Paid column.

Household Expenses cannot be "\$0", "N/A", or FREE. Please list the cost of these expenses even if you do not pay them. Make sure you provide the name of the person who pays for the expense and the relationship to you. DO NOT LEAVE ANY OF THE OTHER EXPENSES BLANK, USE "0" OR N/A if not applicable.

Household Expenses	Student Monthly Cost	Income Source From Which Paid	Parent Monthly Cost	Income Source From Which Paid
Rent/Mortgage				
Utilities				
Food/Toiletries				
Personal Expenses				
Clothing				
Medical				
Credit Card Payments				
Entertainment				
Transportation				
Car Payment				
Insurance				
Gas				
Maintenance				

By signing this worksheet, we certify that all of the information reported is complete and correct. We further understand that purposely giving false or misleading information regarding eligibility for federal aid may result in fines, jail terms, or both.

Student Signature (Required) _____ Date _____

Parent/Step-parent Signature (Required) _____ Date _____