

BridgeValley Community and Technical College
Financial Aid Office
2018-2019 Monthly Resource and Expenditure Form

Student's Name: _____ Student ID #: _____

You reported an unusually low amount of household income on your Free Application for Federal Student Aid (FAFSA). In order to document how the household was maintained in 2016 on this amount of income, please complete this form as accurately as possible for the household in which you currently reside. **Do not leave any fields blank.**

Expenditures:

1. What was the monthly cost of housing (rent, mortgage)? _____
From what income source was this paid? _____
If your household did not have this expense, explain why _____

Independent Students: Is your name on the lease or mortgage? Yes No

2. What was the monthly cost of utilities (electric, gas, water, phone, cable)? _____
From what income source was this paid? _____
If your household did not have this expense, explain why _____

Independent Students: Are the utilities in your name? Yes No

3. What was the monthly cost of food? _____
From what income source was this paid? _____
If your household did not have this expense, explain why _____

4. What was the monthly cost of car payments/insurance and transportation costs? _____
From what income source was this paid? _____
If your household did not have this expense, explain why _____

5. What was the monthly cost of clothing, personal needs, and misc.? _____
 From what income source was this paid? _____
6. What was the monthly cost of medical expenses and/or health insurance? _____
 From what income source was this paid? _____

Resources:

7. List any child support or income received during the past year and the source of that income:
- Child Support Received: \$ _____ from _____
 \$ _____ from _____
- Income Received: \$ _____ from _____
 \$ _____ from _____

8. List any cash support you (student) received or money that was paid on your behalf during the past year and the source of that income:
- \$ _____ from _____
 \$ _____ from _____
 \$ _____ from _____

I (we) certify the above information is true and correct to the best of my (our) knowledge.

 Student Signature

 Date

 Parent Signature (if dependent)

 Date

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