

**BridgeValley Community and Technical College**  
**Financial Aid Office**  
**2019-2020 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 2017 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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