

# 2014-2015 MONTHLY INCOME & EXPENSE VERIFICATION FORM INDEPENDENT

The income reported on your Free Application for Federal Student Aid (FAFSA) does not give our office a clear picture of how expenses were met for the 2013 calendar year. Please complete this form so that we can better evaluate your eligibility for financial aid. Explain how you were able to cover expenses such as housing, food and utilities during the 2013 calendar year.

NAME \_\_\_\_\_  
Last First MI Student ID Number

ADDRESS \_\_\_\_\_  
Street Address Apt. # City State Zip Code

DATE OF BIRTH \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ ALTERNATE/CELL-PHONE NUMBER \_\_\_\_\_  
(Including area code) (Including area code)

**SECTION A: INCOME**

2013 Student & Spouse Income (if married)	Amount Per Month
Gross wages	
Business income	
Social Security Benefits	
Unemployment compensation	
Child support	
Alimony	
SNAP/TANF	
Rental assistance	
Food stamps	
Cash assistance from family and friends	
Cash received or money paid on your behalf	
Other sources	
TOTAL INCOME =	

**SECTION B: EXPENSES**

The form will be returned if you leave a field blank. If the answer is zero enter "0" or "N/A." Please explain in Section C.

2013 Student & Spouse Expenses (if married)	Amount Per Month
Rent/Mortgage	
Utilities (electric, water, gas)	
Telephone/Cell phone	
Medical/Dental health insurance	
Car payment	
Car insurance	
Food/Groceries	
Transportation	
Other expenses	
TOTAL EXPENSES =	



NAME \_\_\_\_\_  
Last First MI Student ID Number

**SECTION C: EXPLANATION OF SITUATION (Required)**

Please explain your situation. Include as much detail as possible about how your family covered housing, utilities and other living expenses for calendar year 2013. An explanation is also required if few or no expenses were listed in Section B. If you used savings, line of credit, etc. to meet your expenses attach three consecutive monthly statements from those accounts.

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**SECTION D: CERTIFICATION SIGNATURES**

I certify that all information reported is complete and accurate to the best of my ability. I understand that any false statement or misrepresentation may be cause for reduction and/or repayment of federal, state or institutional financial aid.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_



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(804) 828-6669 • Fax (804) 827-0060 • [www.enrollment.vcu.edu/financialaid](http://www.enrollment.vcu.edu/financialaid)