

**Expense / Resource Worksheet – DEPENDENT STUDENT**  
**ACADEMIC YEAR 2016-2017**

<b>Student Name:</b> Huynh (last)	Jennifer (first)
	(middle initial)
<b>Last Four Digits of SSN: XXX - XX -</b> _____	<b>UW Student ID #:</b> _____

To confirm your eligibility for financial aid, please complete the following:

- ✓ **SECTION 1:** 2015 Expense worksheet detailing your parent(s) 2015 household expenses.  
(Do NOT include business expenses or rental property expenses on this form.)
  - ✓ **SECTION 2:** 2015 Resource worksheet detailing the income/resources used to meet these living expenses.
- If the answer is zero, please indicate '0' or 'N/A'. We are not able to accept blank as an answer.

**SECTION I: 2015 EXPENSE WORKSHEET**

<b>Budget Item Expense</b> <i>EXAMPLE: Your parent paid \$1200 per month in rent (\$1200 x 12 = \$14,400)</i>	<b>Yearly Expenses Paid</b> (Jan 1, 2015– Dec 31, 2015) <b>DO NOT LEAVE BLANKS</b>
Rent/Mortgage/Housing/Property Taxes/Property Insurance Did your parent receive Housing Assistance (e.g. Section 8, Low Income Housing, etc.) in 2015? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ .00
Food/Groceries/Dining	\$ _____ .00
Utilities (electric, gas, oil, water, sewer, phone, cable, garbage) Did your parent receive assistance through a Utility Discount Program in 2015? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ .00
Cell phone / other wireless communication	\$ _____ .00
Transportation (public transportation, car: payments, license, insurance, gasoline, maintenance, repairs, parking)	\$ _____ .00
Insurance (medical, life, etc.)	\$ _____ .00
Medical / Dental costs not covered by insurance	\$ _____ .00
Personal Items / Services (clothing, grooming, haircuts, laundry, etc.)	\$ _____ .00
Recreation / Entertainment	\$ _____ .00
Credit card debt paid	\$ _____ .00
Miscellaneous (tuition, travel, etc.) <i>Please list on separate sheet.</i>	\$ _____ .00
<b>ADD UP YOUR PARENT(S) TOTAL YEARLY EXPENSES</b>	<b>\$ _____ .00</b>

**PUBLIC ASSISTANCE RECEIVED IN 2014 OR 2015**

Did your parent receive assistance through any of the following programs during 2014 or 2015?

(Check all that apply and list annual amount received if applicable. Check N/A if no assistance was received in 2014 or 2015).

☐ **Free/Reduced Lunch**      ☐ **SSI:** \$ \_\_\_\_\_ .00      ☐ **SNAP (Food Stamps):** \$ \_\_\_\_\_ .00  
☐ **TANF:** \$ \_\_\_\_\_ .00      ☐ **WIC:** \$ \_\_\_\_\_ .00      ☐ **N/A**

## SECTION II: 2015 RESOURCE WORKSHEET

**Parent:** Check here ☐ if you did not file and were not required to file a 2015 tax form.

**Parent:** Check here ☐ if you have filed your 2015 tax form. **REMINDER:** Please send our office a **signed** copy of your 2015 tax form or your 2015 IRS Tax Return Transcript. (Foreign tax forms must be signed, translated, and converted to U.S. Dollars.)

<b>Income / Resources</b> <i>List all income/resources used to meet the living expenses reported in SECTION I</i>	<b>Yearly Income / Resources</b> (Jan 1, 2015– Dec 31, 2015) <b>DO NOT LEAVE BLANKS</b>
Earnings from work Parent 1 (father / mother / stepfather)	\$ _____ .00
Earnings from work Parent 2 (father / mother / stepmother)	\$ _____ .00
Income from Business you used for your personal/household expenses	\$ _____ .00
Interest / Dividend Income	\$ _____ .00
Social Security Benefits	\$ _____ .00
Housing , food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits) Source: _____	\$ _____ .00
Unemployment compensation	\$ _____ .00
Workers' compensation or L&I (Labor & Industries)	\$ _____ .00
Veterans non-education benefits	\$ _____ .00
Untaxed Combat Pay from W2 Form (Box 12, Code Q)	\$ _____ .00
Child Support RECEIVED for all children	\$ _____ .00
Savings and/or Investment withdrawals to cover expenses	\$ _____ .00
Insurance settlements or payments received	\$ _____ .00
Income from loans ( <i>documentation may be requested</i> ) Indicate source: _____	\$ _____ .00
Income from cash advances or expenses paid by credit card ( <i>documentation may be requested</i> ) Indicate source: _____	\$ _____ .00
Retirement and/or pension	\$ _____ .00
Money received or expenses paid on your behalf (e.g., bills, etc.) not already reported on this form	\$ _____ .00
Other income/resources received to meet expenses ( <i>list on separate sheet</i> )	\$ _____ .00
<b>ADD UP YOUR PARENT(S) TOTAL YEARLY INCOME</b>	<b>\$ _____ .00</b>

**\*\*\*Parent(s): you may need to provide clarification of your living situation if requested.\*\*\***

**I certify the information provided on this form is true and complete to the best of my knowledge.**

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_