



Student Name: \_\_\_\_\_ Student WIN #: \_\_\_\_\_

-- Please Print Legibly in Blue or Black Ink Only --

**Verification of Student/Spouse Monthly Income and Expenses**

We need additional income and expense information to complete the review of your financial aid eligibility. Complete this form, sign and return to Western's financial aid office. **Your completed form must be received in our office at least 30 days prior to your last date of enrollment for The academic year you are requesting financial aid.**

**MONTHLY INCOME:**

Please describe the average **monthly income** and the source of the income used to meet the monthly household expenses listed below.

Type Of Income	Monthly Amount Received	Source Of Income employer,government,friend, etc
Salary, wages, tips		
Unemployment, social security benefits, child support/alimony, FIA, etc		
Other cash received from interest income, family, friends, employment, etc		
Non cash support*		

**MONTHLY EXPENSES:**

Please describe what your average **monthly household** expenses are and how they are covered. Please attach additional paper if you would like to give more detailed information.

Type Of Expense	Average Monthly Cost*	Who Pays Or Provides? self, parent, friend, etc
Housing (rent, house payment, etc)		
Utilities (average phone, cable, heat, electricity etc)		
Food (groceries, dining out, delivery, etc)		
Transportation – (car payment, gas, insurance, bus fees, parking, etc)		
Medical (doctor, dental, insurance, medicine, etc)		
Debt payment (credit card, loan, etc)		
Clothing, entertainment, gifts, other.		

\* If someone else pays for the expense, please include dollar value of the expense in the "expense" section and also include dollar value as non cash support in the "income" section.

I hereby certify that this information is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date