

MONTHLY EXPENDITURES STATEMENT

The amount of income you or your parent(s) reported on the FAFSA appears unusually low in which to support yourself or a family. You or your parent(s) must complete this form and return to the Financial Aid Office. If you have questions, please call (304) 384-6069 or email at: finaid@concord.edu.

Parent(s) Expenditures	Amount	Student Expenditures	Amount
Rent	\$	Rent	\$
Food/Household supplies	\$	Food/Household supplies	\$
Utilities (phone, electric, gas, water, etc.)	\$	Utilities (phone, electric, gas, water, etc.)	\$
Car payments	\$	Car payments	\$
Medical Expenses	\$	Medical Expenses	\$
Child care	\$	Child care	\$
Clothing	\$	Clothing	\$
Miscellaneous	\$	Miscellaneous	\$
TOTAL EXPENSES	\$	TOTAL EXPENSES	\$

*If you don't pay rent or for household expenses, do you live with: parent ___ friend ___ other ___

Parent(s) Resources	Amount	Student Resources	Amount
Income from employment	\$	Income from employment	\$
Unemployment benefits	\$	Unemployment benefits	\$
Worker's compensation	\$	Worker's compensation	\$
Child support	\$	Child support	\$
Social Security benefits	\$	Social Security benefits	\$
Temporary Assistance for Needy Families (TANF)	\$	Temporary Assistance for Needy Families (TANF)	\$
SNAP (food stamps)	\$	SNAP (food stamps)	\$
WIC	\$	WIC	\$
Subsidized Housing	\$	Subsidized Housing	\$
Family	\$	Family	\$
TOTAL RESOURCES	\$	TOTAL RESOURCES	\$

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

Parent's signature _____
(if a dependent student)

Date _____

Student's signature _____

Date _____

Student ID _____