



2016-17 Financial Resources Worksheet

Student Name _____ BW Student ID# _____

The income you reported on your 2016-17 FAFSA does not appear sufficient to meet your basic living expenses (i.e. housing, utilities, food, etc.). In order to begin the verification process, please complete and return this worksheet to the BW Financial Aid Office as soon as possible.

Please list all 2015 expenses in the table below. Do not leave anything blank; include zeros or "N/A" where applicable.

2015 Expenses	Monthly Amount Paid by Student (& Spouse if applicable)	Monthly Amount Paid by Parent (Dependent students only)	How was this paid? (Source of the income used to pay this expense)
Rent or Mortgage*	\$	\$	
Car Payment	\$	\$	
Transportation	\$	\$	
Groceries	\$	\$	
Health Insurance	\$	\$	
Child Care Expenses	\$	\$	
Natural Gas or Fuel Oil Bill	\$	\$	
Electric Bill	\$	\$	
Phone/Cell Bill	\$	\$	
Internet/Cable Bill	\$	\$	
Misc. Expenses	\$	\$	
Other (please specify)	\$	\$	
Total Living Expenses for 2015	\$	\$	

*If you reported \$0 for rent/mortgage, please indicate how this expense is met. _____

Did you or your spouse (if applicable) earn any income from work in 2015? Yes No

Did your parent(s) earn any income from work in 2015? (Dependent students only) Yes No

If you checked "Yes", please submit copies of all W2s and 1099s from 2015, even if you were not required to file a federal income tax return.

Indicate below whether or not you, your spouse (if applicable), or your parent(s) received benefits from any of the following programs in 2014 or 2015.

Program	Student (& Spouse if applicable)	Parent(s) (Dependent students only)	Monthly Benefit Amount
Subsidized/public housing (HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Women, Infants & Children (WIC)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

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You may have additional resources other than earnings from employment. Please indicate which, if any, of the following resources was received by you, your spouse (if applicable), or your parent(s) in 2015. Do not leave anything blank; include zeros or "N/A" where applicable.

2015 Income/Resource	Student (& Spouse if applicable)	Parent(s) (Dependent students only)	Office Use Only
Income from work	\$	\$	
Cash assistance from parent(s)	\$		
Cash assistance from other relative(s)	\$	\$	
Resources from partner/significant other	\$	\$	
Unemployment benefits	\$	\$	
Disability benefits	\$	\$	
Child support received	\$	\$	
Business, rental or farm income	\$	\$	
Alimony	\$	\$	
Interest/dividend income	\$	\$	
Social Security retirement benefits	\$	\$	
Social Security Disability benefits (SSI)	\$	\$	
Public Assistance (including TANF)	\$	\$	
Free/reduced price lunch for child(ren)	\$	\$	
Veteran's benefits (non-education)	\$	\$	
Other (please specify)	\$	\$	
Total income & resources for 2015	\$	\$	

If your total 2015 expenses, income and resources are all \$0, you must provide an explanation below. Additionally, please provide any clarifying information that may help with our review.

Certification Statement: By signing this worksheet, I certify that all of the information reported on this worksheet, used to determine eligibility for federal financial aid, is complete and correct. **WARNING:** If you purposefully provide false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Signature _____ Date _____

Parent Signature _____ Date _____
(Dependent students only)