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Monthly Expenses and Resource Worksheet 2024-25

Student Name (Please print) _____

CWID# _____

You must complete all sections of this form.

If you enter '0' in all fields, your form will be considered incomplete and your financial aid will be delayed.

MONTHLY PAID EXPENSES

- Report the ACTUAL monthly dollar amount paid in 2022 for each expense.
 - If the expenses vary in amount from month to month, provide the monthly average.

EXPENSE	Amount Paid by You	Amount Paid on Your Behalf	If paid on your behalf, provide name and relationship
Rent or home mortgage			
Food/groceries			
Car payments/gas/insurance			
Public Transportation			
Health Insurance			
Medical Expenses			
Phone Expenses			
Clothing			
Other			
TOTAL			

MONTHLY RESOURCES

List the resources/funding and monthly dollar amounts used to meet your expenses. Include wages, unemployment, disability, social security, SSI (social security disability), credit card advances, personal loans, etc. Please note: your monthly resources should equal or exceed your monthly expenses.

RESOURCES	Monthly Amount
TOTAL Monthly Resources	

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

Student _____

Date _____

Computer generated signatures are not acceptable.

Note: If we have reason to believe that the information regarding Other Untaxed Income and Resources is not accurate, we may require additional documentation.