

PALM BEACH STATE COLLEGE

MONTHLY INCOME AND EXPENSE VERIFICATION FORM

DEPENDENT

2012- 2013

The income reported on your Free Application for Federal Student Aid (FAFSA) doesn't give our office a clear picture of how your family met their expenses for the 2011 calendar year. Please complete this form so that we can better evaluate your eligibility for financial aid. Explain how you and your parent(s) were able to cover expenses such as housing, food and utilities during the 2011 calendar year. The parent information must be completed if you were required to submit parental information on the FAFSA.

Name			PBSC Student Number									
Last	First	MI										
Day Phone			Evening Phone			PBSC Email address						
()			()			_____@mypalmbeachstate.edu						

SECTION A: INCOME

The form will be returned if you leave a field blank. If the answer is zero, enter "0" or "N/A".

Parent(s) 2011 Income	Amount Per Month	Student 2011 Income	Amount Per Month
Income from work (gross amount)		Income from work (gross amount)	
Business income		Business income	
Social Security benefits		Social Security benefits	
Unemployment benefits		Unemployment benefits	
Child support		Child support	
Worker's compensation		Worker's compensation	
Disability benefits		Disability benefits	
Alimony		Alimony	
AFDC/TANF		AFDC/TANF	
Rental assistance		Rental assistance	
Food stamps		Food stamps	
Cash assistance from family and friends		Cash assistance from family and friends	
Cash received or money paid on your behalf		Cash received or money paid on your behalf	
Other sources:		Other sources:	
TOTAL INCOME=		TOTAL INCOME=	

Name

PBSC Student Number

Last	First	MI										
------	-------	----	--	--	--	--	--	--	--	--	--	--

SECTION B: EXPENSES**The form will be returned if you leave a field blank. If the answer is zero, enter "0" or "N/A".**

2011 Parent Expenses	Amount Per Month	2011 Student Expenses	Amount Per Month
Rent/Mortgage		Rent/Mortgage	
Utilities (electric, water, gas)		Utilities (electric, water, gas)	
Telephone/Cell Phone		Telephone/Cell Phone	
Medical/Dental Health Insurance		Medical/Dental Health Insurance	
Car Payment		Car Payment	
Car Insurance		Car Insurance	
Food/Groceries		Food/Groceries	
Transportation (fuel, bus, train)		Transportation (fuel, bus, train)	
Other expenses:		Other expenses:	
TOTAL EXPENSES=		TOTAL EXPENSES=	

SECTION C: EXPLANATION OF SITUATION (REQUIRED)

Please explain your situation. Include as much detail as possible about how your family covered housing, utilities, and other living expenses for calendar year 2011. An explanation is also required if few or no expenses were listed in Section B. If you used savings, line of credit, etc., to meet your expenses, attach 3 consecutive monthly statements from those accounts.

SECTION D: CERTIFICATION SIGNATURES

I/We certify that all information reported is complete and accurate to the best of my ability. I/We understand that any false statement or misrepresentation may be cause for reduction and/or repayment of federal, state or institutional financial aid.

Student Signature (required)

Date

Parent Signature (required)

Date