



# WHITWORTH

## FAMILY EXPENSE FORM

\_\_\_\_\_  
(STUDENT'S PRINTED NAME)

\_\_\_\_\_  
(WHITWORTH I.D. No.)

\_\_\_\_\_  
(DATE)

The income reported on the FAFSA does not appear to be adequate to cover your family expenses. In order to determine your eligibility for financial aid, both sides of this form must be completed for the calendar year 2013. If you are a dependent student, the parent who completed the FAFSA is required to complete this form.

### Living Expenses:

Amt./Month

Amt./Year

Subtotal

#### A. Housing Costs

1. Rent or mortgage \$ \_\_\_\_\_ X 12 = \_\_\_\_\_  
2. Other real estate \$ \_\_\_\_\_ X 12 = \_\_\_\_\_

\$ \_\_\_\_\_

#### B. Utilities(average/mo.)

1. Gas & electric \$ \_\_\_\_\_ X 12 = \_\_\_\_\_  
2. Water \$ \_\_\_\_\_ X 12 = \_\_\_\_\_  
3. Garbage \$ \_\_\_\_\_ X 12 = \_\_\_\_\_  
4. Telephone/Internet service \$ \_\_\_\_\_ X 12 = \_\_\_\_\_  
5. Cellular phone \_\_\_\_\_  
6. Other \_\_\_\_\_ \$ \_\_\_\_\_ X 12 = \_\_\_\_\_

\$ \_\_\_\_\_

#### C. Transportation

1. Gas \$ \_\_\_\_\_ X 12 = \_\_\_\_\_  
2. Maintenance \$ \_\_\_\_\_ X 12 = \_\_\_\_\_  
3. Car payment & insurance \$ \_\_\_\_\_ X 12 = \_\_\_\_\_  
4. Public Transit \$ \_\_\_\_\_ X 12 = \_\_\_\_\_

\$ \_\_\_\_\_

#### D. Other Expenses

1. Food \$ \_\_\_\_\_ X 12 = \_\_\_\_\_  
2. Clothing \$ \_\_\_\_\_ X 12 = \_\_\_\_\_  
3. Charge acct. payments \$ \_\_\_\_\_ X 12 = \_\_\_\_\_  
4. School tuition  
(excluding applicant) \$ \_\_\_\_\_ X 12 = \_\_\_\_\_  
5. Dependent daycare \$ \_\_\_\_\_ X 12 = \_\_\_\_\_  
6. Health/dental insurance \$ \_\_\_\_\_ X 12 = \_\_\_\_\_  
7. Prescriptions \$ \_\_\_\_\_ X 12 = \_\_\_\_\_  
7. Other \_\_\_\_\_ \$ \_\_\_\_\_ X 12 = \_\_\_\_\_

\$ \_\_\_\_\_

TOTAL EXPENSES (Add subtotals A through D).....\$ \_\_\_\_\_

(OVER)

Whitworth Use Only:  
PV as Other Track as F14EXPC  
REVC code

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**FINANCIAL RESOURCES FOR THE CALENDAR YEAR**

- 1. Income from employment \$ \_\_\_\_\_
- 2. Unemployment/SSI/disability \$ \_\_\_\_\_
- 3. Public assistance \$ \_\_\_\_\_
- 4. Housing and/or food allowance \$ \_\_\_\_\_
- 5. Parental/relative assistance \$ \_\_\_\_\_
- 6. Draw from Business \$ \_\_\_\_\_
- 7. Depreciation \$ \_\_\_\_\_
- 8. Interest and/or Dividends \$ \_\_\_\_\_
- 9. Alimony/Child Support \$ \_\_\_\_\_
- 10. Capital Gains \$ \_\_\_\_\_
- 11. Income from other Real Estate \$ \_\_\_\_\_
- 12. Cash/Savings used for Expenses \$ \_\_\_\_\_
- 13. Other \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL RESOURCES \$ \_\_\_\_\_

TOTAL EXPENSES \$ \_\_\_\_\_  
(total from front)

**Important:** If total expenses exceed total resources, please explain how expenses were met.

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I declare under penalty of perjury under the laws of the United States of America that the above information is true and correct.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's signature (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime phone number

Please return to  
**FINANCIAL AID OFFICE**  
300 WEST HAWTHORNE ROAD, SPOKANE, WA 99251  
509.777.3215 509.777.4601 (FAX) [finaid@whitworth.edu](mailto:finaid@whitworth.edu)

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