



INDEPENDENT LOW INCOME BUDGET SHEET

2014 – 2015

Your application for financial aid was selected for review in a process called “**Verification**”. During this process, it was determined that your income reported is below the nationally published poverty guidelines. As a result, we must collect additional information from you quantifying how you were able to support your household with your reported income. Please submit the documentation as soon as possible but no later than 120 days after your last day of enrollment, or by September 2015, whichever occurs first. No funds will be disbursed until the verification process is completed. Failure to complete the verification process by the deadline will result in your ineligibility for Title IV funds for the award year. The law states we have the right to ask you for this information before awarding any federal aid. If there are differences between the information supplied on your federal application and your financial documents, we will need to correct this information. *We must review the required information under the financial aid program rules (34 CFR, Part 668).*

To review the status of your awards, please visit your GCU Student Portal at <http://my.gcu.edu>.

All fields are required to be completed. If you have any questions, please contact your GCU Student Services Advisor.

A. Student Information

STUDENT NAME: _____ GCU STUDENT NUMBER: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____ Phone No.: _____

B. Budget

Please complete the **monthly** budget below with your anticipated average monthly expenditures. Any blanks will be assumed to be zero.

Housing	Rent/Mortgage	\$
	Utilities (electric, gas, water, sewer, trash)	\$
	Cable/internet	\$
	Furniture rental payments	\$
	Homeowners/renters insurance	\$
	Homeowners/property owners association dues & lot rent	\$
	Maintenance	\$
	Phones (land line/fax/cell)	\$
	Other household expenses	\$
Transportation	Vehicle payment(s)	\$
	Fuel	\$
	Vehicle insurance	\$
	Maintenance	\$
	Bus/taxis/tolls	\$
	Other vehicle expenses	\$
Personal	Groceries	\$
	Dining out/entertainment	\$
	Charity/donations	\$
	Legal expenses (including pre-paid expenses)	\$
	Doctor/dentist	\$
	Prescriptions	\$

Debt	Gym/social club memberships	\$
	Savings (short term, long term, retirement, education, etc.)	\$
	Life/health insurance	\$
	Clothing	\$
	Other personal expenses	\$
	Loan payments	\$
	Credit card payments	\$
	Other debt expenses	\$
	TOTAL ALL EXPENSES:	

If your total income which includes your adjusted gross income (if taxes were filed) reported on the 2014-2015 VERIFICATION WORKSHEET (V6) along with all other unreported income is less than the total expenses reported on this 2014-2015 LOW INCOME BUDGET SHEET (multiplied by 12 for each month of the year), please provide additional detail on how you were able to cover your expenses with the reported income:

C. Certification and Signature (Handwritten Signature Required – Typed/Electronic Signature Not Accepted)

By signing below the student certifies that all of the information reported is complete and correct.

Student Signature: _____

Date: _____

WARNING: If false or misleading information is given on this worksheet, student may be fined, sentenced to jail, or both.
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