

PALM BEACH STATE COLLEGE

MONTHLY INCOME AND EXPENSE VERIFICATION FORM

INDEPENDENT

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 expenses were met for the 2011 calendar year. Please complete this form so that we can better evaluate your eligibility for financial aid. Explain how you were able to cover expenses such as housing, food and utilities during the 2011 calendar year.

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

SECTION A: INCOME

2011 Student & Spouse Income (if married)	Amount Per Month
Gross wages	
Business income	
Social Security benefits	
Unemployment benefits	
Child support	
Worker's compensation	
Disability benefits	
Alimony	
AFDC/TANF	
Rental assistance	
Food stamps	
Cash assistance from family and friends	
Cash received or money paid on your behalf	
Other sources:	
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 Student & Spouse Expenses (if married)	Amount Per Month
Rent/Mortgage	
Utilities (electric, water, gas)	
Telephone/Cell Phone	
Medical/Dental Health Insurance	
Car Payment	
Car Insurance	
Food/Groceries	
Transportation (fuel, bus, train)	
Other 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 SIGNATURE

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**