

Please complete this form online, then print and sign using blue or black ink.

SINCEX



WESTERN MICHIGAN
UNIVERSITY

STUDENT NAME: _____
WIN: _____
DAYTIME PHONE: _____
ADDRESS: _____
CITY, STATE, ZIP: _____

WMU Student Financial Aid

1903 W Michigan Ave
Kalamazoo MI 49008-5337
(269) 387-6000
finaid-info@wmich.edu

VERIFICATION OF STUDENT'S MONTHLY INCOME AND EXPENSES

We need additional income and expense information to complete the review of your financial aid eligibility. Complete this form, sign and return it to the student financial aid office. Your completed form must be received in our office at least **30 days** prior to your last date of enrollment for the academic year you are requesting financial aid.

MONTHLY INCOME:

Please describe the average gross monthly income and the source of the income used to meet the monthly household expenses listed below.

TYPE OF INCOME	GROSS MONTHLY AMOUNT RECEIVED	SOURCE OF INCOME (employer, government, friend, etc.)
Salary, wages, tips		
Unemployment, social security benefits, child support/alimony, FIA, etc		
Other cash received from interest income, family, friends, employment, etc		
Non cash support*		

MONTHLY EXPENSES:

Please describe what your average monthly household expenses are and who provides for the expense. Please attach additional paper if you would like to give more detailed information.

TYPE OF EXPENSE	AVERAGE MONTHLY COST*	WHO PAYS OR PROVIDES? (Self, family, friend, etc.)
Housing (rent, house payment)		
Utilities (average phone, cable, heat, electricity, etc.)		
Food (groceries, dining out, delivery, etc.)		
Transportation (car payment, gas, insurance, bus fees, parking, etc.)		
Medical (doctor, dental, insurance, medicine, etc.)		
Debt payment (credit card, loan, etc.)		
Clothing, entertainment, gifts, other.		

* If someone else pays for the expense, please include the dollar value of the expense in the "expense" section and also include dollar value as non cash support in the "income" section.

I hereby certify that this information is true and complete to the best of my knowledge.

STUDENT SIGNATURE: _____ **DATE:** _____

Return your completed form to Bronco Express on the lower level of the Bernhard Center. You may also email or mail to the address above. Be sure to include your name and WIN on all pages. Missing information may delay the processing of financial aid.