

Household Resources Worksheet 2020 - Dependent



Financial Aid Office
5724 SW Huntoon • Topeka, KS 66604
(785) 670-3360 • (785) 273-7080 fax
tech-fa-info@washburn.edu

Student Name _____

Washburn ID _____

Student Phone Number _____

The information you provided on the FAFSA for your parent(s) reflects a particularly low income. Therefore, the Financial Aid Office must ask you to verify how your family met living expenses in **2020**.

1. Mortgage or rent per month: Amount: \$ _____

- Who paid? Parent(s)
 Assistance from state/federal agency _____
 Other/Explanation _____

2. Utilities (electric, water, heat, phone, cable, etc.) per month: Amount: \$ _____

- Who paid? Parent(s)
 Assistance from state/federal agency _____
 Other/Explanation _____

3. Food per month: Amount: \$ _____

- Who paid? Parent(s)
 Assistance from state/federal agency (i.e., State, SNAP) _____
 Other/Explanation _____

4. Transportation (car insurance, payment, gas, bus, maintenance, taxes) per month: Amount: \$ _____

- Who paid? Parent(s)
 Use public transportation
 Other/Explanation _____

5. Medical and dental costs per month: Amount: \$ _____

- Who paid? Parent(s)
 Assistance from state/federal agency _____
 Other/Explanation _____

6. Clothes, personal expenses, child care and spending money per month: Amount: \$ _____

- Who paid? Parent(s)
 Other/Explanation _____

Provide name and address of the person if anyone other than your parents paid expenses in 2018:

Certification and Signature

I certify that all of the information reported on this worksheet is complete and correct. The student must sign this worksheet.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student's Signature

Date

Parent's Signature

Date