

Household Resources Worksheet 2020 - Independent



Financial Aid Office
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Student Name

Washburn ID

Student Phone Number

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

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

Who paid?

- Student/spouse
- Assistance from state/federal agency _____
- Other/Explanation _____

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

Who paid?

- Student/spouse
- Assistance from state/federal agency _____
- Other/Explanation _____

3. Food per month: Amount: \$ _____

Who paid?

- Student/spouse
- 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?

- Student/spouse
- Use public transportation
- Other/Explanation _____

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

Who paid?

- Student/spouse
- Assistance from state/federal agency _____
- Other/Explanation _____

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

Who paid?

- Student/spouse
- Other/Explanation _____

Provide name and address of the person if anyone other than your parents paid expenses in 2019:

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