



Verification of Household Resources Worksheet

Student's Name: _____

WES ID: _____ Class: _____

Please provide information about your family's monthly income and expenses to assist us in understanding how your family was financially supported during the 2015 calendar year. Do not include any payments for Wesleyan expenses.

	<u>Household Income</u> (per month)
Wage(s)	_____
Self-employment income	_____
Interest/Dividends	_____
Rental Income	_____
Trust Income	_____
Pension/retirement	_____
Capital Gains	_____
Alimony	_____
Unemployment compensation	_____
Child support	_____
Social Security	_____
Veteran's Benefits	_____
TANF Benefits	_____
IRA, Keogh, 401K, etc. withdrawal	_____
Other: _____ (specify)	_____
Loans or gifts from family members	_____
TOTAL MONTHLY INCOME	\$_____

Expenses (per month)

Mortgage/rent (circle which) _____

Utilities (phone, electric, oil, cable, etc.) _____

Food _____

Clothing _____

Real Estate Taxes _____

Loan Payments (specify Purpose) _____

Credit Cards (specify and indicate minimum payment amount) _____

Unreimbursed medical/dental expenses _____

Insurance Premiums (car, medical, etc.) _____

Commuting/transportation _____

Child Care _____

Alimony payments _____

Education (not including Wesleyan) _____

Child Support _____

Other (specify) _____

TOTAL MONTHLY EXPENSES \$ _____

Please note: If your total expenses are greater than your total income, please explain below how you met those expenses.

Parent Signature: _____

Date _____

Student Signature: _____

Date _____