

2020 – 2021
Expense Worksheet
Office of Financial Aid
Phone: 979-230-3377 Fax: 979-230-3543

500 College Dr Lake Jackson, TX 77566

Website: www.brazosport.edu/finaid
Email: finaid@brazosport.edu
Student Name: _____ **Student ID#** _____ **Phone #** _____

You have reported no financial resources on the FAFSA. To ensure you completed the FAFSA correctly, we are required to obtain the information requested on this form. **Please do not leave anything blank.** Incomplete forms will delay your application.

2018 HOUSEHOLD EXPENSES

Enter average amounts calculated per month. Enter \$0.00 for items that do not apply to you or your family.

Expenses	Monthly Average Amount
Housing (rent, mortgage, etc.)	\$ _____
Utilities (electric, gas, water, etc.)	\$ _____
Phone (cell phone, phone, internet, etc.)	\$ _____
Car Payment	\$ _____
Public Transportation or Gas	\$ _____
Food and Household Items	\$ _____
Other Payments: _____	\$ _____
MONTHLY TOTAL's	

2018 HOUSEHOLD FUNDING SOURCES

Please complete the following table indicating funding sources to cover the expenses listed above.

Funding Source	Monthly Average Amount
Student Wages (earned income)	\$ _____
Parent Wages (earned income)	\$ _____
Government Benefits (SNAP, SSI, etc.)	\$ _____
Assistance from other family members	\$ _____
Other: _____	\$ _____
MONTHLY TOTAL's	

Enter average amounts calculated per month. Enter \$0.00 for items that do not apply to you or your family.

EXPENSES GREATER THAN INCOME OR FUNDING SOURCES

IF the total expenses are more than your total income, please write a brief explanation below of how the expenses were covered in 2018. Please be aware that we may require further documentation. Otherwise, you may leave this section blank.

SIGNATURES REQUIRED

I hereby certify that the information I have provided is complete and correct. I understand that if the financial aid office has any questions or issues with my file I will be notified via my Brazosport.edu email address. I understand that if I fail to provide accurate information, I may be required to reimburse the institution and penalties may be imposed.

Student Signature

Date

Parent Signature (if dependent)

Date