**2022-23 Expense and Resource**

**Worksheet for Parents**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I certify the information provided on this form is true and complete to the best of my knowledge.**

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To confirm your eligibility for financial aid, please have your parent(s) complete BOTH of the following:

* Expense worksheet detailing your parent(s) 2020 household expenses.
* Resource worksheet (page 2) detailing the income / resources used to meet these living expenses.
* Do **not** include business expenses or rental property expenses on this form.

# 2020 Expense Worksheet (January 1, 2020 – December 31, 2020)

|  |  |
| --- | --- |
| **Budget Item**  | **Total Yearly Expense**  |
| Rent/Mortgage/Housing/Property Taxes/Property Insurance  |  |
| Food/Groceries/Dining  |  |
| Utilities (electric, gas, oil, water, sewer, phone, cable, garbage)  |  |
| Cell phone / other wireless communication  |  |
| Transportation (public transportation, car: payments, license, insurance, gasoline, maintenance, repairs, parking)  |  |
| Insurance (medical, life, etc)  |  |
| Medical / Dental costs not covered by insurance  |  |
| Personal Items / Services (clothing, grooming, haircuts, laundry, etc.)  |  |
| Recreation/Entertainment  |  |
| Credit card debt paid  |  |
| Miscellaneous (list on separate sheet)  |  |
| **TOTAL**  | **$**  |

Bellevue College does not discriminate on the basis of race, color, national origin, language, ethnicity, religion, veteran status, sex, sexual orientation, including gender identity or expression, disability, or age in its programs and activities. Please see policy 4150 at *www.bellevuecollege.edu/policies/*. The following people have been designated to handle inquiries regarding non-discrimination policies: Title IX Coordinator, 425-564-2641, Office C227, and EEOC/504 Compliance Officer, 425-564-2266, Office R130.

PS REV. 01-21

## 2020 Resource Worksheet (January 1, 20120 – December 31, 2020)

|  |  |
| --- | --- |
| [ ]  | **Parent:** Check here if you did not file and were not required to file a 2020 tax return.  |
| **Income / Resources used to meet the living expenses reported on page 1**  |  | **Yearly Amount Received**  |
| Earnings from work (Parent #1)  |  |  |
| Earnings from work (Parent #2)  |  |  |
| Income from Business that you used for your personal/household expenses  |  |  |
| Interest / Dividend Income  |  |  |
| Social Security Benefits  |  |  |
| TANF or other public assistance  |  |  |
| Food Stamps  |  |  |
| Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits)  |  |  |
| Unemployment compensation  |  |  |
| Workers’ compensation or L&I (Labor & Industries)  |  |  |
| Veterans non-education benefits  |  |  |
| Child Support RECEIVED for all children  |  |  |
| Savings and/or Investment withdrawals to cover expenses  |  |  |
| Insurance settlements or payments received  |  |  |
| Income from loans. Indicate source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |  |
| Income from cash advances or expenses paid by credit card. Indicate source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |  |
| Retirement and/or pension  |  |  |
| Money received or expenses paid on your behalf (e.g., bills), not already reported on this form  |  |  |
| Other income / resources received to meet expenses. (list on separate sheet)  |  |  |
| **TOTAL**  | **$**  |  |

FOR OFFICE USE ONLY: PJ Used  Amount: $ \_\_\_\_\_\_\_\_\_\_\_\_ Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_