

Waubensee Community College
2006-07 VERIFICATION OF LIVING CIRCUMSTANCES
Dependent Student

Student Name _____ SSN _____

The income information reported on the 2006-2007 FAFSA appears to be insufficient to support your household size. Please itemize your monthly expenses and sources of income for your household below in the appropriate boxes so that we can understand how your household is able to meet expenses on the income reported. DO NOT LEAVE ITEMS BLANK-use a zero when needed.

Living Expenses	Monthly Amount for 2005	Monthly Amount for 2006-07 (estimated for: 7/1/06-6/30/07)
Rent/Mortgage	\$	\$
Utilities	\$	\$
Food	\$	\$
Transportation (car payment, insurance, gas, bus fare)	\$	\$
Personal (clothing, misc expenses)	\$	\$
Child Care	\$	\$
Medical	\$	\$
Other (specify)		
TOTALS	\$	\$
Income, Benefits, and Financial Resources	Monthly Amount for 2005	Monthly Amount for 2006-07 (estimated for: 7/1/06-6/30/07)
Wages	\$	\$
Welfare Benefit/TANF	\$	\$
Food Stamps	\$	\$
Housing Subsidy	\$	\$
Unemployment Compensation	\$	\$
Cash support (list name of provider and have provider sign on back)	\$	\$
Social Security	\$	\$
Child Support Received	\$	\$
Alimony Received	\$	\$
Financial Aid	\$	\$
Other (specify)		
TOTALS	\$	\$

1. Did your household live with someone who provided free room and board in 2005? Yes No

If yes, who did you live with? _____
(name) (relationship)

What is the estimated **monthly** value of the support they have provided? \$ _____

Will your household continue to live with this person in 2006? Yes No

2. If expenses listed on first page are higher than the income section, explain how your household met the expenses in **2005**: _____

3. Provide any additional detailed comments to explain your living circumstances: _____

We certify that the information provided above is complete and correct. We understand that the information on this form will be used to verify the financial aid information provided and may require further follow up from the Financial Aid Office.

Student signature: _____

Date: _____

Parent Signature: _____

Date: _____

Other Signature: _____
(if provided support)

Date: _____