



2023-2024 Monthly Resource and Expenditure Form

Eastern WV CTC
316 Eastern Drive
Moorefield, WV 26836
Phone: 304-434-8000
FAX: 304-434-7004
FINAID@easternwv.edu

Student's Name: _____ Student ID #: _____

You reported an unusually low amount of household income on your Free Application for Federal Student Aid (FAFSA). In order to document how the household was maintained on this amount of income, please complete this form as accurately as possible for the household in which you currently reside. **Do not leave any fields blank.**

Expenditures:

1. What was the monthly cost of housing (rent, mortgage)? _____
From what income source was this paid? _____
If your household did not have this expense, explain why _____

Independent Students: Is your name on the lease or mortgage? Yes No

2. What was the monthly cost of utilities (electric, gas, water, phone, cable)? _____
From what income source was this paid? _____
If your household did not have this expense, explain why _____

Independent Students: Are the utilities in your name? Yes No

3. What was the monthly cost of food? _____
From what income source was this paid? _____
If your household did not have this expense, explain why _____

4. What was the monthly cost of car payments/insurance and transportation costs? _____
From what income source was this paid? _____
If your household did not have this expense, explain why _____

5. What was the monthly cost of clothing, personal needs, and misc.? _____
From what income source was this paid? _____

6. What was the monthly cost of medical expenses and/or health insurance? _____

From what income source was this paid? _____

Resources:

7. List any child support or income received during the past year and the source of that income:

Child Support Received: \$ _____ from _____

\$ _____ from _____

Income Received: \$ _____ from _____

\$ _____ from _____

8. List any cash support you (student) received or money that was paid on your behalf during the past year and the source of that income:

- \$ _____ from _____

- \$ _____ from _____

- \$ _____ from _____

I (we) certify the above information is true and correct to the best of my (our) knowledge.

Student Signature

Date

Parent Signature (if dependent)

Date

Eastern WV Community and Technical College

316 Eastern Drive, Moorefield, WV 26836

Telephone: 304-434-8000 Toll Free: 877-982-2322

Fax: 304-434-7004

finaid@easternwv.edu

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