#### INSTRUCTIONS FOR COMPLETING STUDENT RENTAL ASSISTANCE APPLICATION PROCESS

### <u>Incomplete Applications cannot be processed.</u>

#### A. INITIAL ELIGIBILTY:

Complete the Student Rental Assistance application package. Sign and return applicable Forms (B thru M). Ensure all of the required supporting documents are attached including but not limited to the following:

- 1. Attach current year <u>Financial Aid Award Determination</u> from school showing all grants.
- 2. Attach income verification documentation (i.e. IRS 1040, pay stubs from employment, per capita letter, Social Security award letters, etc.) for all persons you will be living with at the time you are attending school unless they are fulltime students.
- 3. Attach copies of Tribal ID Card, driver 's license & Social Security card (P<sup>t</sup>time only).
- 4. Attach last 3 months complete bank statements.
- B. SCHOOL ENROLLMENT ELIGIBILITY:

A copy of your college or university enrollment verification including:

- 1. Your name
- 2. Name of school
- 3. Number of credits enrolled
- 4. Start & stop dates of the term
- 5. Proof of tuition is paid

NOTE: THIS INFORMATION MUST BE PRINTED FROM THE SCHOOL WEBSITE or on school letterhead

- C. UNIT ELIGIBILITY (for unit you will live in while attending school—If you haven't moved yet, you won't be able to submit this set of documentation until then)
- 1. Send the following to LNHA once you have a place to live:
  - a. Copy of Rental Agreement with landlord contact information
  - b. W-9 signed by landlord (LNHA must have to process payment to landlord) (I)
  - c. Unit Information (F)
  - d. Livability Standards (G)

U.A. to be completed within two weeks <u>after</u> application is submitted to LNHA. Referral form to **Whatcom Occupational Health** for free screening for all household members over 18 will be sent to applicant after application is received. Drug screen results must be sent to LNHA <u>by lab</u> within two weeks of LNHA receipt of application or applicant will be considered ineligible for LNHA programs. If the student lives outside of Whatcom County, the student must coordinate with LNHA in order to provide a U.A.

Send to LNHA via mail or e-mail:

- a. Mail: Lummi Nation Housing Authority, 2579 Kwina Road, Bellingham, WA 98226
- b. Email: MichelleG@lha-lummi.com

# **LUMMI NATION HOUSING AUTHORITY**

2579 Kwina Rd. Bellingham, WA 98226 Phone: (360)312-8407 Fax: (360)312-8397

# **Student Rental Assistance Program Application**

This program supports low-income Lummi Tribal members attending post-secondary educational institutions by providing a rental assistance to help with their rental housing costs. Please be aware that the application process takes a minimum of 45 days to complete so submit the application timely. Incomplete applications cannot be processed. STUDENT/APPLICANT: Please be sure to list your current, not prospective, contact information.

Name:					
L	ast	First	Middle	Maid	len/Other Names Used
Mailing Addres	s:				
-	Street or	PO Box	City	State	Zip Code
Residence Addr	ess:				
	Street or	PO Box	City	State	Zip Code
Telephone:					
Hor	ne		Cell		
Email Address:			Driver's Licens	se Number:	
Marital Status (l Emergency Con	ŕ		le Married  Relationship to Appl	☐ Widowed	Domestic Partner  Phone
Address:					
Street o	r PO Box		City	State	Zip Code
Please answer	all of the que	estions on the fo	llowing pages and pr	rovide documenta	ation/support required.
1. Are you an	enrolled mem	ber of the Lumm	i Nation? Yes	☐ No	
	residing with		mestic partner, and/or No	children OR other	persons over age 18 who
•			ary applicant, <u>all perso</u> es of this program.	ns over 18 who are	e not full-time students are
Please fill in th	ne date you c	omplete the app	olication and initial o	n the bottom of tl	his page.
Initials:		Da	te Completed:		

RESIDENTS OF RENTAL UNIT: List all persons who are or will be living in the rental unit with student while student is attending school. All persons living with student are considered household members. While household members are not applicants, information for all household members must be included for application to be considered complete. This does not apply to students living in on-campus housing.

NOTE: Students may not rent a unit from any immediate family member nor reside with anyone who can declare them as a dependent on their federal income tax return.

Relationship to Applicant	Date of Birth	Phone Number
	Relationship to Applicant	Relationship to Applicant Date of Birth

<u>INCOME</u>: Please provide a copy of the student's completed current FASFA form and the determination confirming the student is eligible for assistance with Federal Funds. Additional information on the FASFA is available at <a href="https://www.fafsa.ed.gov">www.fafsa.ed.gov</a>.

Please provide a copy of the <u>Determination of Student Financial Aid letter from your school</u>.

Please list income from all sources for all household members (This does not apply to <u>students living in on-campus housing</u>). Sources of income include (but are not limited to) wages/salaries, self-employment or business income, per capita payments, interest and dividends, Social Security payments, annuities, retirement benefits and pensions, disability or death benefits, unemployment or disability compensation, welfare assistance (not including food stamps), veterans' assistance, grants, alimony, and child support.

Verification must be provided for each source of income

Household Members	Income Source	Amount	Frequency	Verification
				Attached 🗵
			☐ Hourly	
			☐ Weekly ☐ Bi-Weekly	
			☐Quarterly ☐ Annually	
			☐ Hourly	
			☐ Weekly ☐ Bi-Weekly	
			☐Quarterly ☐ Annually	
			☐ Hourly	
			☐ Weekly ☐ Bi-Weekly	
			☐Quarterly ☐ Annually	
			☐ Hourly	
			☐ Weekly ☐ Bi-Weekly	
			□Quarterly □ Annually	

<sup>&</sup>lt;sup>1</sup> For the purpose of this policy, family member means: (i) (Mother, Father, Daughter, Son, Full & Half Sister, Full & Half Brother, Grandmother, Grandfather, Granddaughter, and Grandson) or (ii) equivalent who are related by marriage, domestic partnership or adoption; or (iii) people who are either married to each other or involved in a quasi-spousal relationship including unmarried parents of a child.

<sup>&</sup>lt;sup>2</sup> Verification - W-2's, tax returns, employee check stubs (must include employer name, address and contact information), SSI statement, Tribal per capita distribution statement, orders for child support and/or alimony, bank statements, unemployment insurance benefit statements.

ecking accounts,		household member, including afe deposit boxes, homes,		
Applicant	Type of Asset	1	Current Value of	Income/Interest Ra
		(bank, etc.)	Asset	of Asset
			\$	
			\$	
			\$	
			\$	
ENERAL INFO	<u>.</u>	yed any type of housing as	sistance or grant from I	NHA? Ves
Has any housel No If yes, wha  Has any house	nold member ever receit type of assistance and	ved any type of housing as when:  I any name(s) or Social Ses	curity number(s) other	than the one listed
Has any housel No If yes, wha  Has any house on your Social explain:  Are any housel	nold member ever receit type of assistance and mold member ever used Security Card? Yes	when:  I any name(s) or Social Se	curity number(s) other nich applicant and wh	than the one listed nat number. Please
Has any housel No If yes, wha  Has any housel on your Social explain:  Are any housel LNHA Board M relationship  Will you be me	nold member ever receit type of assistance and mold member ever used Security Card? Yes	when:  I any name(s) or Social Ses  No If yes, when  No I	curity number(s) other nich applicant and who who were applicant and	than the one listed nat number. Please buncil, members of an and what is the known/applicable,
Has any housel No If yes, wha  Has any housel on your Social explain:  Are any housel LNHA Board M relationship  Will you be me	nold member ever receit type of assistance and mold member ever used Security Card? Yes	when:  I any name(s) or Social Ses	curity number(s) other nich applicant and who who were applicant and	than the one listed nat number. Please buncil, members of an and what is the known/applicable,
Has any housel No If yes, wha  Has any housel on your Social explain:  Are any housel LNHA Board M relationship  Will you be mo please list your  HOOL RESIDE	nold member ever receit type of assistance and mold member ever used Security Card? Yes	when:  I any name(s) or Social Ses	curity number(s) other nich applicant and who who were applicant and	than the one listed nat number. Please buncil, members of an and what is the known/applicable,

### **EDUCATION INFORMATION:**

Post-secondary Educational Institution	:	
School Mailing Address:		
Educational Goal:		
Major:	Year in School:	
Grades will be submitted to LNHA as	follows:	
Date 1 <sup>st</sup> term begins:  Date 1 <sup>st</sup> term begins:	Date 1 <sup>st</sup> terms ends:  Date 1 <sup>st</sup> terms ends:	Grades due to LNHA on: Grades due to LNHA on:
Date 1 <sup>st</sup> term begins:	Date 1 <sup>st</sup> terms ends:	Grades due to LNHA on:
Date 1 <sup>st</sup> term begins:	Date 1 <sup>st</sup> terms ends:	Grades due to LNHA on:
complete to the best of my known I understand that the information I understand that all attached confirmations, and acknowled I understand that I must report (number of persons in the hour I understand that grades must I understand that if I provided will be required to repay and	owledge. ion I am providing will be used for the ments included with this application gments made in this declaration. It any changes to the household incom sehold) to LNHA. be submitted at the end of each term. It false, incomplete or inaccurate info	are subject to all the certifications, he and/or to the household composition formation I will be denied assistance; ect to penalty under the federal false
Student	Applicant I	Date

If application packet is submitted electronically, the signature page may be mailed separately. Return completed application packet with all applicable forms completed (A-M) and all supporting/verification documentation to:

Address: Lummi Nation Housing Authority, 2579 Kwina Road, Bellingham, WA 98226

Email: MichelleG@lha-lummi.com

Incomplete applications will not be processed. Assistance is subject to current eligibility requirements and funding e-mail to:

# STUDENT RENTAL ASSISTANCE POLICY ACKNOWLEDGEMENT FORM

1	have received and read a copy of the
(Print name)	17
outlines the terms and conditions of the Pro-	A) Student Rental Assistance Program Policy, which ogram as well as my responsibilities. I understand the nt and subject to low income, fair market rent and other
that I may be required to repay all housing as grades at the conclusion of each term/semes each term/semester. I understand that if I fai	and conditions of the Full Time College Program Policy sistance for which I was not eligible. I agree to provide ster, and to provide class schedules at the beginning of il to provide the required information or fail to comply bey, my funding may be delayed or canceled, and
•	unit without first notifying LNHA, I will be required to after I move. I understand LNHA will prorate payment
I understand that my rent cannot exceed the	HUD Fair Market Rent for the area.
<u>•</u>	s of the Student Rental Assistance Program Policy. By tand, accept, and agree to comply with the information Program Policy.
(Student Signature)	Date

### **Authorization for Release of Information**

l, the undersigned, hereby authorize and direct any agencies, offices, groups, organizations, businesses or individuals to furnish information concerning myself and/or my household to Lummi Nation Housing Authority and/or its duly authorized representatives for purposes of verifying my eligibility to receive benefits from LNHA.

Those that may be asked to release the information include, but are not limited to: the Lummi Nation, background screening agencies, the U.S. Social Security Administration, the U.S. Department of Veterans Affairs, the United States Postal Service, medical professionals and facilities, current and previous employers, childcare providers, unemployment and employment agencies, banks and other financial institutions, social service and welfare agencies, support and alimony providers, retirement systems, informal support providers, credit providers and credit bureaus, courts and law enforcement agencies, current and previous landlords, public housing agencies, utility companies, schools and colleges, and scholarship providers.

I understand that, depending on program policies and requirements, verifications and inquiries that may be requested include but are not limited to: identity, employment, marital status, household composition, medical or health issues, income, assets, debts, credit history, criminal activity and legal issues, rental history, school enrollment verification and/or transcripts, Federal benefits, State benefits, Tribal benefits and local benefits.

I understand I have a right to review any information received in accordance with my release and have a right to correct any information that I can prove is incorrect.

I acknowledge that a photocopy or facsimile copy of this authorization may be deemed the equivalent of the original and may be used as a duplicate original.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will terminate 15 months from the date signed.

I understand that if I, or any adult household member, fail to sign this authorization, or revoke the	his
authorization prior to completion of necessary verifications and inquiries, it may constitute groun	ıds
for denial or termination of assistance or tenancy, or both.	

Applicant Signature	Printed Name	Date

# STUDENT RENTAL ASSISTANCE ACCEPTANCE AGREEMENT/ CONTRACT

Signature of Student	Date
Print Name	Tribal Enrollment Number
I the undersigned have read, understand, and agree Acceptance Agreement / Contract and the student re	e to abide by the terms and conditions of this Funding ental assistance policy.
I do not fulfill the above requirements, I will REIN understand that I will not qualify for any other LNF in full. If the breach is academic (lack of maintain	come involved in any form of tenant/landlord dispute. If MBURSE LNHA for the funding advanced to me, and I HA housing or assistance until I have reimbursed LNHA ing a 2.0 GPA or completing 12 credits), I will first be my grades before being required to reimburse LNHA.
I understand that rental assistance will star on unless summer enrollment verification	t on and if all requirements are met, will end on is received by LNHA.
	ng information provided in my application or changes up to 3 weeks after LNHA receives all necessary written
I agree to meet all the requirements of the I and understand.	LNHA student rental assistance policy, which I have read
I agree to earn a minimum 2.0 Grade Point enrollment status as FULL TIME as set by the instit	Average per term/semester. Graduate students must meet aution.
I agree that to obtain student rental assistar of 12 college-level credit hours or meet full time sta	nce, I will be enrolled FULL TIME and earn a minimum tus per institutional standards.
I will report any change in contact inform within 30 days. I will furnish other information as r	nation, i.e.: address, phone, and email address to LNHA requested by LNHA in a timely manner.
I will immediately report any change in n	ny household income or household members to LNHA.
	ipt to show my progress at the <u>end of each term</u> semester. f enrollment showing number of credits at the <u>beginning on.</u>
regulations, and attendance requirements of the scho	cated on my application and agree to follow all rules, sol. To the best of my ability I will satisfactorily complete at the funds issued to me are to provide housing while I poses.
Initial each section after reading.	

## RELEASE OF ACADEMIC INFORMATION CONSENT FORM

I understand that Federal regulations (The Family Ed written consent from a student before disclosing the therefore, I hereby give my written consent to:	, ,
(Name of guidance counselor or other college official)	<del></del> ;
to release information regarding my academic status, a my performance while attending post-secondary education	
Lummi Nation Housing Authority, 2579 Kwina Road, E (Name of institution, person, or company requesting info	<del>-</del>
I understand this consent is effective only as to the dat after that date.	e indicated below and shall be valid until 15 months
This consent may be revoked at any time by written no understand that if I revoke my consent, this may impast Student Rental Assistance Policy program.	·
DATED thisday of	
(Student's signature)	
(Student's name printed)	
(Student's address)	
(Witness signature)	
(Witness name — printed)	

Please keep a copy of this consent form with your own records. The College/University is required by Federal law to keep a copy of this signed release.

# Information about the home to be paid for by LNHA Assistance Funds

Assistance is subject to current eligibility requirements, availability of funding, and complete application to LNHA. This document is part of the Student Rental Assistance Application and is subject to all of the restrictions, rules, and declarations contained therein.

Applicant's Name				Date:
<del></del>	Last	First	Middle	
Address of home to be paid for	:			
Landlord's Name:				
Landlord Mailing Address:			Telephone	
Move in Date:		Monthly Rent: _		
Is the rental or lease agre	ement in you	r name?  Yes	No (Attach a copy of	rental or lease agreement)
Is the unit a (check)	Single  Far	mily home Duplex	4-Plex Apar	tment  Mobile Home  RV Lot
Year built:	Square Foota	ge:# of bedro	ooms:# of bat	hs Garage  Yes  No
Heat Source (check)   I	Furnace	Baseboard	Heater	propane electric
Average electricity cost:		Average gas/oil cost:	\$	
Average other utility cost	paid by tena	nt: \$		
Are you related to Landlo Landlord:	ord by blood o	or marriage?    Yes	No If yes, explain	the relationship of Applicant to
Do you owe back rent or	late fees?	]Yes □ No Hown	nuch? \$	
Are you currently in vic circumstances.	olation of you	ur rental agreement or	lease?	☐ No If yes, please explain the
Primary Applicant Signat	ure:		Date:	

## **Livability Standards**

### On Campus Housing

On Campus Housing will be presumed to be appropriate housing because it is LNHA's understanding post-secondary institutions monitor the livability of their units, LNHA will not require photos of those units.

### Off Campus Housing

Over-all Unit

Students must confirm unit meets the listed livability standards below as well as provide the photographs requested in order for LNHA to confirm the livability of the unit. Please check off each of the following to confirm you have verified the information and provided the photographs.

Over un omi
All doors and windows allowing access to the unit can be locked.
There is a safe fire escape route.
There is reliable heating which is in proper operating condition. Unvented room heaters which burn gas, oil or kerosene are not acceptable.
Unit must be free of vermin, rodent, or insect infestation.
Unit must not present any health hazards such as mold.
Electrical Outlets: Adequate amount in safe working condition.
Ceiling, walls, and floors will not have any serious defects.
Condition of interior & exterior stairs & porches will not present danger of tripping or falling.
Smoke Detectors in working condition.
Photographs:
Entry door with focus on door hardware (doorknob,
locks) Windows with focus on locking hardware
Smoke detector location:
Smoke detector — location:
Smoke detector — location:
Heating system (baseboard, in wall, forced air)
Outside of building: Overall building/Unit
Outside of building: Picture of address
Water Heather (If it is accessible)
Bathroom
Flush toilet and working light fixture
Sink with hot and cold running water
Shower or tub with hot and cold running water
—Plumbing in good operating condition. (no leaks, water present and drains/toilet operational)

Photographs:	
Bathroom sink	
Under bathroom	
sink	
Toilet	
Tub enclosure	
Kitchen	
Water supply for drinking and washing dishes	
Ceiling or wall light fixture will be present and working	
Photographs:	
The kitchen sink	
Plumbing under the kitchen sink	
Inside the refrigerator	
Inside of the oven	
Bedroom/Sleeping Room	
One sleeping room or living/sleeping room for each two persons.	
Sleeping rooms will have at least one window which opens, closes, & locks.	
Photographs: Bedroom window with focus on locking nardware Bedroom door Other:	
Student/Applicant Certification:	
Print Name certify that is:  Unit Address	
Print Name Unit Address	
nitial One:	
On-Campus Housing	
Off Campus Housing that fully meets Livability Standards	
Off Campus Housing with an area of concern which may meet Livability Standards upo	n
further review (see note and photograph).	
Student: Date:	

# Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank	k
	2 Business name/disregarded entity name, if different from above	
Print or type. Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. C following seven boxes.  Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC	theck only one of the 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any)
	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partno  Note: Check the appropriate box in the line above for the tax classification of the single-member of LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a sir is disregarded from the owner should check the appropriate box for the tax classification of its own.  Other (see instructions) ▶	ership) > owner. Do not check be owner of the LLC is nigle-member LLC that
8	Other (see instructions)     Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
See S	a Andrews (manuser, series, and apr. or suite no.) one instructions.	riedoesee a timine and address (obtaine)
S.	6 City, state, and ZIP code	1
	7 List account number(s) here (optional)	
backu reside entitie 77N, la Note:	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to a p withholding. For individuals, this is generally your social security number (SSN). However, nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other s, it is your employer identification number (EIN). If you do not have a number, see How to g	for a et a or
Part	Certification	
Under	penalties of perjury, I certify that:	
2. I am Sen	number shown on this form is my correct taxpayer identification number (or I am waiting for not subject to backup withholding because: (a) I am exempt from backup withholding, or (invice (IRS) that I am subject to backup withholding as a result of a failure to report all interest onger subject to backup withholding; and	b) I have not been notified by the Internal Revenue
3.Lan	a U.S. citizen or other U.S. person (defined below); and	
	FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporti	ing is correct.
Certifi you ha acquis	cation instructions. You must cross out item 2 above if you have been notified by the IRS that y ive failed to report all interest and dividends on your tax return. For real estate transactions, item ition or abandonment of secured property, cancellation of debt, contributions to an individual ret han interest and dividends, you are not required to sign the certification, but you must provide you	you are currently subject to backup withholding becaus 2 does not apply. For mortgage interest paid, tirement arrangement (IRA), and generally, payments
other t		

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

. Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- · Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- . Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

# Student Rental Assistance Program Independent Student Definition and Criteria

Federal Definition: The federal formula for assistance for a dependent student uses parental data while the formula for independent students does not. A student is determined to be an independent applicant for federal student aid if he or she meets one or more of the following criteria:

Student is 24 years or older as of January 1.
Student is married or separated (but not divorced) as of the date of the application.
At the beginning of the school year, the student will be enrolled in a master's or doctoral degree program (such as MA, MBA, MD, PhD or graduate certificate, etc.).
Student is currently serving on active duty in the U.S. Armed Forces or is a National Guard or Reserves enlistee called into federal active duty for other than training purposes.
Student is a veteran of the U.S. Armed Forces
Student has one/more children who receive more than half of their support from him or her.
Student has dependent(s) (other than children or spouse) that live with him or her and who receive more than half of their support from the student.
At any time when the student was age 13 or older, both of the student's parents were deceased, the student was in foster care, or the student was a dependent/ward of the court.
The student is now or was upon reaching the age of majority, an emancipated minor (released from control by his or her parent or guardian) as determined by a court in his or her state of legal residence.
The student is now or was upon reaching the age of majority, in legal guardianship as determined by a court in his or her state of legal residence.
Student was determined to be an unaccompanied youth who was homeless by a high school or school district homeless liaison.
Student was determined to be an unaccompanied youth who was homeless by the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development.
Student was determined to be an unaccompanied youth who was homeless or was self-supporting and at risk of being homeless by a director of a runaway or homeless youth basic center or transitional living program.
Student is determined by the college financial aid administrator to be an unaccompanied youth who is homeless or is self-supporting and at risk of being homeless.

A determination of independence can be made with documentation of special circumstances.

Documentation Required: In addition to the documentation required by the Student Rental Assistance application, the following documentation is required to make a determination that the student is an independent student:

- Budget Form (Pages 3 & 4) with documentation supporting income and expenses.
- Proof that the student meets the definition of Independent Student as indicated above.
- Copy of student's and/or parent or legal guardian's tax return for previous year.

	В	udget Worksheet		
Income				
Column			С	D
	Item	Amount	Frequency	Monthly Income
	Salary			
	Pell Grant			
	State Grants			
	Student Loans			
	Other Assistance			
	SSI/Social Security			
	Pensions			
	Alimony/Child Support			
	Other Income			
	2 2222 2222	Total N	Monthly Income	
		Expenses		I
Column				D
Housing				
	Item	Amount	Frequency	Monthly Expense
	Rent/Mortgage			1
	Property Tax			
	Electric			
	Gas/Oil			
	Water/Sewage			
	Garbage			
	Internet			
	Cable TV			
	Cell Phone			
	Land line			
		Total H	ousing Expenses	
Medical			c	D
(Out of Pocket)	Item	Amount	Frequency	Monthly Expense
	Dental Insurance			
	Doctor			
	Lab			

	1		1	
	Dentist			
	Eyeglasses			
	Prescriptions			
	Other			
		Total Out of Pocket Med	lical Expenses	
Transportation			c	D
	Item	Amount	Frequency	Monthly Expense
	Car Payments			
	Car Insurance			
	Car Maintenance/Repair			
	Public Transportation			
	Gas			
	Parking/Tolls			
	6	Total Transportati	on Expenses	
Other Expense	es	1	1	D
	Item	Amount	Frequency	Monthly Expense
	Credit Card		1	
	Personal loan			
	Alimony/Child			
	Church/Charity			
	Groceries			
	Meals Out			
	Entertainment			
	Clothing			
	Laundry/Dry			
	Personal Grooming			
		Total Otl	ner Expenses	
School Expenses			c	D
	Item	Amount	Frequency	Monthly Expense
	Tuition			
	Books			
	Other			
		Total Sch	nool Expenses	
Children				
Cimurcii	Item	Amount	Frequency	Monthly Expense
	Child Care	7 HIIOGHI	1 requeriey	
	CIII G Cui C		İ	

	School Tuition		
	Lunch Money		
	School Supplies		
	Lessons/Sports		
	Clothing		
	Allowance		
Expenses	Other		
	Total Children Expenses		
Total Expenses			

Total Monthly Income	
Total Monthly Expenses	
Difference	

Column C type:	
A = Annual	
M = Monthly	
Q = Quarterly	
W = Week.ly	
H = Hourly	