
Student Name

Student ID #

**SOURCE OF INCOME/RESOURCES FOR LIVING EXPENSES
WORKSHEET**

The Federal Government has indicated on the FAFSA that you have reported unusually low income and/or have indicated that you are not required to file a Federal 1040 tax form. As a result, we need you to provide explanation of your monthly expenses and the sources of income or assistance that allow you to cover these expenses. Examples of resources may include SSI, Disability, Child Support, Assistance from Relatives or household members, food stamps, etc. Please also supply us with supporting documentation of your sources of income (i.e., W-2's, 1099's, check stubs, etc.).

Expense Items:	<u>Monthly Amount</u>	<u>Source of Income</u>
Rent, Mortgage, Housing Payment	\$ _____	_____
Groceries & Meals	\$ _____	_____
Utilities (water, gas, electricity, etc)	\$ _____	_____
Car Payment & Insurance	\$ _____	_____
Gasoline & Vehicle Maintenance	\$ _____	_____
Clothing	\$ _____	_____
Medical expenses	\$ _____	_____
Child Care	\$ _____	_____
Internet & Telephone	\$ _____	_____
Cable or Satellite TV	\$ _____	_____
Other Entertainment, Recreation	\$ _____	_____
Miscellaneous and Personal Exp.	\$ _____	_____

By signing below, I hereby certify that I have disclosed all sources of income and assistance (Government, State, and/or Family) and that the information is true, complete and accurate to the best of my knowledge.

Student Signature

Date

By signing below, I hereby certify that the information disclosed regarding my support given to the above student is true, complete, and accurate to the best of my knowledge.

Parent/Spouse Signature

Date