



Student Name: _____

Parent Name: _____

(Dependent students only)

Student SS#: _____ - _____ - _____

Student ID #: _____

The income you and/or your family reported on the FAFSA was unusually low. Please complete the items below to explain how you and/or your family were supported in 2019.

Please list Itemized Expenses for 2019

Type of Expense	Amount per month	X	number of months	=	Annual Amount
Example:	Rent \$400	X	12 months	=	\$4,800.00
RENT	\$	X		=	\$
FOOD	\$	X		=	\$
UTILITIES	\$	X		=	\$
MEDICAL	\$	X		=	\$
CLOTHING	\$	X		=	\$
PERSONAL	\$	X		=	\$
TUITION (amount not paid by Financial Aid)	\$			=	\$
OTHER (please specify)	\$	X		=	\$
Total Expenses for 2019: \$				=	\$

Please list all sources of income for 2019 (both taxable and non-taxable).

If you received support from a family member, please include the amount below.

_____ = \$ _____

_____ = \$ _____

_____ = \$ _____

Total Annual Resources for 2018: _____ = \$ _____

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

(Signature required for dependent students only)