



Financial Aid Income Statement

Student's Name: _____ SSN or Student ID: _____

You reported very little income or no income on your FAFSA. Please give us a brief summary of how you met your living expenses. Failure to complete and submit this form to the Financial Aid Office will delay any financial aid eligibility.

EXPENSES for year with low income			
	Cost per Month	Number of Months	Yearly Total
Rent	\$		\$
Food	\$		\$
Utilities (water, electric, phone, etc.)	\$		\$
Clothing	\$		\$
Medical/Dental	\$		\$
Car Payments	\$		\$
Gas, oil, car Maintenance	\$		\$
Bus Fare	\$		\$
Cash	\$		\$
Other Expenses	\$		\$
TOTAL EXPENSES	\$		\$

If you show NO income, how did you meet your living expenses? _____

If someone provided the support for you, please list their name and relationship on the line provided and list the value amounts in the table above.

What are your resources for the year you did not file? _____

Certification:

All of the information on this form is true and correct to the best of my/our knowledge. If asked by an authorized official, I/we agree to give proof of the information that I/we have provided on this form. I/we also realize that purposely giving false or misleading information on this form may lead to fines, imprisonment or both.

Student Signature

Date