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 2016.

**Please List Itemized Expenses for 2016.**

<table>
<thead>
<tr>
<th>Type of Expense</th>
<th>Amount per month</th>
<th>x number of months</th>
<th>= Annual Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Rent</td>
<td>$400.00</td>
<td>x 12 months</td>
<td>$4,800.00</td>
</tr>
</tbody>
</table>

**RENT**

$ [ ]

**FOOD**

$ [ ]

**UTILITIES**

$ [ ]

**MEDICAL**

$ [ ]

**CLOTHING**

$ [ ]

**PERSONAL**

$ [ ]

**TUITION (Amount not paid by Financial Aid)**

$ [ ]

**Other (Please Specify)**

$ [ ]

**Total Expenses for 2016:**

$ [ ]

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

*If you received financial support from (or had bills paid by) a family member or other individual, please include the amount below.*

<table>
<thead>
<tr>
<th>Resources:</th>
<th>Annual Amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

**TOTAL RESOURCES FOR 2016:**

$ [ ]

Student's Signature: _____________________________ Date: __________

Parent's Signature: _____________________________ Date: __________