



Name \_\_\_\_\_

N | \_\_\_\_\_  
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
<i>Example: Rent</i>	\$400.00	12 Months	\$4,800
Rent			
Food			
Utilities			
Medical			
Clothing/Personal			
Tuition ( <i>Amount not paid by Financial Aid</i> )			
Other ( <i>Please specify</i> )			
<b>Total Expenses For 2019</b>			

**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.

Resources	Annual Amount
<b>Total Resources For 2019</b>	

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date