



Student's Name _____

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Student ID

The income that you and/or your family reported on your FAFSA appears to be insufficient to have supported your household during 2020. Please itemize your income and expenses below. We cannot continue to process your application for financial assistance until this form is completed and returned. *If a section is zero, please write \$0.* **Include monthly expenses for 2020.**

Monthly Living Expenses for 2020	Student	Parents
Home Mortgage or Rent	\$	\$
Utilities	\$	\$
Food and Clothing Expenses	\$	\$
Education/Tuition Payments	\$	\$
Transportation, Auto Payments, and Gas	\$	\$
Medical, Personal, Other (please specify)	\$	\$
Total Monthly Expenses	\$	\$
Monthly Income for 2020	Student	Parents
Income earned from work	\$	\$
Child Support Received for all Children	\$	\$
Alimony	\$	\$
AFDC, Public Assistance, Section 8, or SNAP	\$	\$
Social Security Income or SSI	\$	\$
Veteran's Non-Education Benefits	\$	\$
Unemployment Compensation	\$	\$
Disability Benefits	\$	\$
Pension or Retirement Distributions	\$	\$
Workers' Compensation Benefits	\$	\$
Loans, bills paid on your behalf, financial support from others, gifts or cash support from others (please specify)	\$	\$
Housing/Food or Other Living Allowances (military, clergy, teachers)	\$	\$
Other (please specify):	\$	\$
Total Monthly Income	\$	\$

Your average monthly expenses from "Monthly living expenses for 2020" should be LESS THAN OR EQUAL TO your "Monthly Income for 2020". IF IT IS NOT, you must attach an explanation and documentation of how you meet your average monthly expenses to this form.

I certify that all of the information reported above is complete and accurate.

Student signature

Date

Parent signature

Date