



Name _____

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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 2021.

Please list itemized expenses for 2021:

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>)			
Total Expenses For 2021			

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
Total Resources For 2021	

Student Signature

Date

Parent Signature

Date