



INCOME WORKSHEET 2018-2019

NAME

SOCIAL SECURITY NUMBER

The income reported on your Free Application for Federal Student Aid (FAFSA) for the 2016 calendar year appears exceptionally low. Therefore, we are requesting that you provide the information requested below before we proceed with your financial aid evaluation.

SOURCES OF INCOME

Please indicate your average monthly expenses incurred in 2016 and the sources from which they were met. You may be asked to provide proof of information given.

| EXPENSE CATEGORY | PER MONTH | SOURCE OR PAYMENT |
|-----------------------|-----------|-------------------|
| Rent or house payment | \$ | |
| Electric | \$ | |
| Gas | \$ | |
| Water | \$ | |
| Telephone | \$ | |
| Baby-Sitting/Daycare | \$ | |
| Groceries | \$ | |
| Car Payment | \$ | |
| Car Insurance | \$ | |
| Medical/Dental | \$ | |
| Personal | \$ | |
| Other | \$ | |

IF YOUR INCOME WAS INSUFFICIENT TO PAY BASIC LIVING EXPENSES, I.E., RENT, FOOD, MEDICAL, TRANSPORTATION, ETC., PLEASE USE THIS SPACE TO EXPLAIN HOW YOU MET THESE EXPENSES (ATTACH A SEPARATE SHEET IF NECESSARY):

I/WE HEREBY CERTIFY THAT ALL INFORMATION REPORTED ON THIS FORM IS COMPLETE AND ACCURATE. I/WE ACKNOWLEDGE THAT FALSE STATEMENTS AND/OR MISREPRESENTATION WILL BE CAUSE FOR DENIAL, WITHDRAWAL, AND/OR REPAYMENT OF FINANCIAL AID.

STUDENT SIGNATURE _____ DATE _____

SPOUSE/PARENT SIGNATURE (IF APPLICABLE) _____ DATE _____

FINANCIAL AID OFFICE