



STUDENT Income and Expenses Form

January 1, 2016 through December 31, 2016

Student Name: _____ ID # _____

Last Name
First Name

The income you reported on your 2018-2019 FAFSA application appeared low based on the number in your household. Please itemize your income and expenses below. All sections MUST be filled in. Use N/A if not applicable

**** Failure to respond will result in the cancellation of all tentative and actual financial aid.**

Instructions: Complete the following chart indicating your income and expenses for the period of January 1, 2016 to December 31, 2016. The information furnished should reflect yours and your spouse's, if you're married.). **If your Expenses are greater than your Income, please explain in the space provided below.**

2016 Annual Income/Resources	Amount	2016 Annual Expenses	Amount
Income earned from work (please attach W2s for everyone who worked)	\$	Rent or Mortgages	\$
SNAP Benefits* (food stamps)	\$	Food	\$
AFDC/ADC/General Relief *	\$	Utilities	\$
Social Security (Disability) Income*	\$	Transportation (gas, public transportation, etc.)	\$
Retirement/ Pension Income	\$	Child Care	\$
Child Support received for all children*	\$	Medical/dental bills paid in 2016 not covered by insurance	\$
Workman's Compensation*	\$	Phone:	\$
Veteran's Benefits	\$	Health Insurance	\$
Unemployment Income*	\$	Other:	\$
Bills paid on your behalf ("in-kind" or family support)	\$	Other:	\$
Other:	\$	Other:	\$
TOTAL INCOME	\$	TOTAL EXPENSES	\$

** If required, additional documents may be requested to support your income/expenses claims.*

Please explain how you paid expenses that were greater than your resources. Indicate if you received free room and board or received room and board in exchange for some work you performed. Use an additional sheet if necessary.

I/We certify that the information provided above is complete and accurate.

Student signature: _____ Date: _____

Spouse's signature: _____ Date: _____