



Name of Student _____ Student ID or #/SSN _____ Academic Yr. _____

<input type="checkbox"/>	Student is Dependent . Please have your parent(s) complete this form.
<input type="checkbox"/>	Student is Independent . Student must complete this form.

The income that you listed on your Free Application for Federal Student Aid (FAFSA) appears to be insufficient for the support of the number of exemptions or household members that you indicated on the FAFSA. Therefore, we are requesting that you clarify/verify the following information for calendar year 200__.

Please indicate where the student lived:				
<input type="checkbox"/> Parent(s)	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Rented Residence	<input type="checkbox"/> Owned Residence	
Please select all resources below from which you received your primary financial support:				
<input type="checkbox"/> Parent(s)	<input type="checkbox"/> Student loans	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> TANF	<input type="checkbox"/> Food Stamps
<input type="checkbox"/> Disability/SSI	<input type="checkbox"/> Savings	<input type="checkbox"/> Work	<input type="checkbox"/> Other _____	

Please review the expense list below and state how much they were for the year and by which source they were paid. If you did not incur the expense, please indicate N/A in the cost column.

Annual Expense	Cost for the year	Source of payments <small>(i.e. parents, student loans, friend, relative, TANF, Food stamps, disability, savings, work, etc.)</small>
Rent/Mortgage	\$	
Utilities	\$	
Food	\$	
Clothing	\$	
Household Maintenance (cleaning, laundry, etc.)	\$	
Health Care	\$	
Commuting cost (gas, oil, etc.)	\$	
Insurance (car/home)	\$	
Car Note	\$	
Credit Card/loan payments	\$	
Tuition & Fees**	\$	
Child/Elder Care	\$	
Miscellaneous Personal Expenses	\$	
Special Needs*	\$	

* Special needs include expenses that are necessary for a person with a disability to attend school.

** Include tuition and fees and books and supplies not paid by financial aid programs.

Please use the back of this form to detail any special circumstances or other information relevant to your financial situation.

Student/Parent Signature _____ Date _____