



2018-2019 Minimal Income Statement - Dependent Students

A review of your 2018-2019 Free Application for Federal Student Aid (FAFSA) indicates that your parent(s) income from all sources for 2016 appears to be unusually low. Therefore, additional information is required before we can determine your eligibility for student aid.

A. Dependent Student's Information

Student's	Last Name	First Name	M.I.	Student's Social Security Number
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B. Parent's Information

Parent (1)	Last Name	First Name	M.I.	Parent's Phone Number (include area code)
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Parent (2)	Last Name	First Name	M.I.
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1. If your parent(s) received any of the following benefits in 2016, please list the amount(s) received each month and the number of months assistance was received.

AFDC/TANF	\$ _____ per month	Number of Months Received _____
SSI (disability)	\$ _____ per month	Number of Months Received _____
Social Security Benefits	\$ _____ per month	Number of Months Received _____
SNAP (Food Stamps)	\$ _____ per month	Number of Months Received _____
WIC	\$ _____ per month	Number of Months Received _____

In 2016 or 2017 did you or anyone in your parent's household receive free or reduced price lunch ____ Yes ____ No

2. Did your parent(s) live with a relative or someone else who provided free room and board in 2016? If yes, please provide the name of the person and their relationship to your parent(s) below. ____ Yes * ____ No

Name _____ Relationship _____

*If YES, skip items 1, 3 and 4 on side two of this form

3. Did your parent(s) live in another country in 2016? If yes, please list country below. ____ Yes ____ No**

What country? _____

**If NO, skip questions 4 and 5 and go to page two of this form

4. If you answered YES to question 3, did your parent(s) earn income in the country where they lived in 2014?
____ Yes ____ No

How much? (Convert the total amount for 2016 to U.S. dollars) \$ _____

5. If you answered YES to question 4, did your parent(s):

File a U.S. Federal tax return to report foreign income?

File an income tax return in another country? (Attach a copy of this form).

C. List of Parent(s) Expenses and Support for 2016

Instructions:

- **COLUMN A:** Write in the monthly expenses from January 1, 2016 through December 31, 2016 for each of the listed expenses. If there were no expenses for a listed item, you must write "\$0".
- **COLUMN B:** Write how the expense was paid (e.g., individual's or organization's name)

Please Note: If any of the family's expenses were paid by an individual, it is considered support paid on your behalf and must be reported as untaxed income on the Free Application for Federal Student Aid (FAFSA). Support includes money received or paid on your behalf (e.g., bills) not reported elsewhere on the FAFSA.

Example: If a friend or relative gave you grocery money, it is reported as untaxed income. If a friend or relative paid your electric bill, part of your rent or mortgage, you must report those payments as untaxed income.

PARENT(S) LIVING EXPENSES	Column A EXPENSES List the amount per month from 1/1/2016 to 12/31/2016	Column B WHO PAID THIS EXPENSE? (Name individuals or organizations)
1. Housing (rent/mortgage)	\$	
2. Child Care	\$	
3. Food	\$	
4. Utilities	\$	
5. Credit Card(s)	\$	
6. Medical/Dental	\$	
7. Clothing	\$	
8. Auto (payments, insurance, maintenance)	\$	
9. Other Personal Expenses	\$	
10. TOTAL MONTHLY EXPENSES	\$	
11. TOTAL YEARLY EXPENSES (Line 10 x 12 months)	\$	

D. Additional Comments – Explain any situations you would like us to be aware of.

E. Certification and Signatures

By signing this worksheet, we certify that all information reported to qualify for student financial aid is true and accurate. We understand that if this form is incomplete, my financial aid will be delayed. The student and one parent must sign and date.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student's Signature

Date

Parent's Signature

Date