

Instructions: Based upon the federal estimate for the annual cost of living, the 2016 income reported by your parent(s) on your 18-19 FAFSA seems to be insufficient to support your household size. Please have your parent(s) complete this form to clarify how they were able to meet the minimum annual cost of living. If your parent is re-married, he/she **must** provide income data for his/her spouse, **even if their spouse is not your biological parent**. Do not leave any blanks on the form. If the answer is zero, write 0.

SECTION 1 - STUDENT AND PARENT INFORMATION (Please Print)

Student Last Name _____ First Name _____ /XXX-XX-
Last 4 of SSN# _____

Parent's Last Name _____ First Name _____ /XXX-XX-
Last 4 of SSN# _____

SECTION 2# - PARENT(S)' AVERAGE MONTHLY LIVING EXPENSES IN 2016

List your family's average monthly living expenses in 2016, even if those expenses were not paid by you. If you are unsure of exact amounts, please use estimates. Include totals for all family members.

Housing (Rent/ Mortgage)	\$ _____/month	Transportation	\$ _____/month
Utilities (phone, electric etc)	\$ _____/month	Child Care	\$ _____/month
Food	\$ _____/month	Medical/ Dental	\$ _____/month
Clothing	\$ _____/month	Miscellaneous	\$ _____/month
		Total Monthly Expenses	\$ _____

SECTION 3* - PARENT(S)' AVERAGE MONTHLY INCOME IN 2016

List the average monthly income in 2016 for your parent and their spouse (if married or remarried.) If you are unsure of exact amounts, please use estimates.

Wages from All jobs	\$ _____/month	TANF/ Food Stamps/ WIC	\$ _____/month
Unemployment	\$ _____/month	VA Benefits	\$ _____/month
Pension/ Retirement	\$ _____/month	Child Support	\$ _____/month
Workman's Comp/ Disability	\$ _____/month	Alimony	\$ _____/month
Social Security	\$ _____/month	Cash gifts/ Personal Loans	\$ _____/month
Bills paid by others on your behalf	\$ _____/month	Other _____	\$ _____/month
		Total Monthly Income	\$ _____

***** Your average monthly income from Section 3* should be *GREATER THAN OR EQUAL TO* your average monthly living expenses in Section 2#. IF IT IS NOT, you must attach an explanation of how you met your average monthly expenses to this form. *****

I certify that I have not and am not required to file a 2016 Federal income tax return.

Parent Signature _____ Date _____

SECTION 4 - CERTIFICATION

I certify that all the information provided here is true & complete to the best of my knowledge. I realize the Financial Aid Office may request additional documents to verify the data provided on this form.

Intentionally providing incomplete or inaccurate information may result in termination of your financial aid!!!

Student Signature _____ Date _____

Parent Signature _____ Date _____