



The income reported on the FASFA appears unusually low. Therefore, more clarification of your situation is requested. Please list your monthly expenses on the left side of the table and your resources on the right side.

Must complete in Black or Blue Ink Pen.

ORIGINAL DOCUMENT IS REQUIRED.WE CANNOT ACCEPT FAXES OR EMAILS.

_____ I am an independent student (fill out the front portion only)

_____ I am a dependent student (only fill out the front portion if you contributed to the support of your family's household. The back page must be filled out by the parent of record on the FAFSA)

	Student's 2017 Monthly Expenses		Yearly (calculated by FAO)	Student's 2017 Monthly Resources		Yearly (calculated by FAO)
1	Housing/Rent	\$		Income from work (wages, salaries, tips, etc)	\$	
2	Utilities	\$		Unemployment	\$	
3	Food	\$		Social Security Benefits	\$	
4	Car Payment, Maintenance & Gas	\$		Child Support Received	\$	
5	Child Care	\$		Workers Comp	\$	
6	Clothing	\$		AFDC/TANF	\$	
7	Insurance	\$		Veteran's Non-educational Benefits	\$	
8	Cell Phone	\$		Military housing, food or living allowances	\$	
9	Other (specify)	\$		Cash or money paid on your behalf	\$	
Total Yearly Expenses		\$		Total Yearly Resources	\$	

*****If the total amount of expenses exceeds the total amount of resources, please provide a written statement below explaining why*****

By signing this worksheet, I verify that all the information reported is complete and correct. Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

 Student Signature

 Date

THIS PORTION SHOULD ONLY BE FILLED OUT IF YOU ARE A DEPENDENT STUDENT.

Parent's 2017 Monthly Expenses			Yearly (calculated by FAO)	Parent's 2017 Monthly Resources			Yearly (calculated by FAO)
1	Housing/Rent	\$		Income from work (wages, salaries, tips, etc)	\$		
2	Utilities	\$		Unemployment	\$		
3	Food	\$		Social Security Benefits	\$		
4	Car Payment, Maintenance & Gas	\$		Child Support Received	\$		
5	Child Care	\$		Workers Comp	\$		
6	Clothing	\$		AFDC/TANF	\$		
7	Insurance	\$		Veteran's Non-educational Benefits	\$		
8	Cell Phone	\$		Military housing, food or living allowances	\$		
9	Other (specify)	\$		Cash or money paid on your behalf	\$		
Total Yearly Expenses			\$	Total Yearly Resources			\$

*****If the total amount of expenses exceeds the total amount of resources, please provide a written statement below explaining why*****

By signing this worksheet, I verify that all the information reported is complete and correct. Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Parent Signature

Date