

Section I: GENERAL INFORMATION

 Name: _____
Last
First
Middle Initial
Phone (include area code)

Student ID #: _____ Social Security #: _____

Section II: LIST OF EXPENSES AND SUPPORT

A review of your financial aid application indicates that your total income from all sources appears to be unusually low. On this document, please list your monthly expenses, your monthly amount of support, and your source of support that you received in the calendar year.

Living Expenses	Cash Support <small>List the amount per month</small>	Who Paid this Expense?	Was Bill in your Name?
1. Housing (rent, mortgage)			Y / N
2. Food			N / A
3. Utilities			Y / N
4. Credit Card(s)			Y / N
5. Medical/Dental			Y / N
6. Child Care			Y / N
7. Clothing			N / A
8. Transportation/Auto (gas, car payments, insurance, maintenance)			Y / N
9. Tuition/Supplies			N / A
10. Other Personal Expenses			Y / N
11. Cash from Family/Friends			N / A
12. TOTAL MONTHLY (Expenses/Support)			N / A

In the space below, please provide any additional comments needed to help explain your situation - (Attach a separate sheet if necessary.)

By signing this worksheet, I certify that all the information reported to qualify for student financial aid is true and accurate. I understand that if any part of this form is incomplete, my financial aid will be delayed.

Student's Signature: _____ Date ____/____/____

 If applicable,
 Parent's Signature: _____ Date ____/____/____