

**2016-2017 Independent Income and Expenses Worksheet**Printed Name: _____
(Last) (First) (M. initial)

Student ID #: _____

The income you reported for 2015 on the 2016-2017 FAFSA appears to be below the minimum levels necessary to support you and/or your family.
Please complete this form in order to provide clarification as to how household expenses were met.

Student Housing Status: ☐ On Campus ☐ Apartment/House ☐ With Parents

Students 2015 Monthly Expenses: Complete the chart below. Enter "0" if you did not incur a particular expense			
<u>Expense Type</u>	<u>Student</u>	<u>Spouse (if married)</u>	<u>Who paid this expense?</u>
Housing	\$	\$	
Food	\$	\$	
Utilities	\$	\$	
Medical and Dental Costs (not covered by insurance)	\$	\$	
Transportation	\$	\$	
Clothing	\$	\$	
Childcare	\$	\$	
Insurance	\$	\$	
Other – (i.e. credit cards, etc.) - Please list:	\$	\$	
Total Average Monthly Expenses	\$	\$	

Did you live with a relative or someone else who provided you with free room and board in 2015?☐ No ☐ Yes Name: _____ Relationship: _____**Students 2015 Financial Aid Refund(s):** Please enter the total amount of financial aid refund(s) disbursed to you in 2015. \$ _____

Students Annual 2015 Income: Complete the chart below by providing the student's and spouse's 2015 income.			
<u>Income Type</u>	<u>Student</u>	<u>Spouse (if married)</u>	
From Work	\$	\$	
TANF/AFDC/ADC	\$	\$	
Snap Received	\$	\$	
Social Security Benefits / SSI	\$	\$	
Housing/Food/Living Allowances for Military/Clergy	\$	\$	
Worker's Compensation	\$	\$	
Non-Educational VA Benefits	\$	\$	
Cash received and/or bills paid on your behalf*	\$	\$	
Total Annual Income	\$	\$	

***Cash received and/or bills paid on your behalf:** Money received, or paid on your behalf (i.e. bills). For example, if a friend or relative gives the student grocery money, it is reported as untaxed income. If the friend or relative pays the student's electricity bill or part of the student's rent, the student must report those payments as untaxed income. Do not report 'in-kind' support in forms other than money, such as free food or housing.

I hereby swear and affirm that all information reported on this form is true, accurate, and complete to the best of my knowledge. I understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment if financial aid.

Student Signature _____

Date _____