



2016-2017 Verification of Total Expenses and Income - Dependent Student

Student Name \_\_\_\_\_

SU ID \_\_\_\_\_

A review of your financial aid application indicates you reported your parent(s) had no income and/or will not file a Federal Income Tax Return for 2015. Please complete Sections 1 and 2 to explain how your parent(s) met expenses throughout the 2015 calendar year. Once completed, please submit it to our office so we can continue to process your request for financial assistance.

Table with 4 columns: Section 1 Living Expenses, Amount per month, # of Months, Yearly Total. Rows include Housing, Utilities, Transportation, Personal, Day Care, and Other Expenses.

OVER

**Section 2 Parent's Annual Income (January 1, 2015 – December 31, 2015)**

**1. Annual Taxable Income for calendar year 2015**

- Earned income for 2015 W-2's \$ \_\_\_\_\_
- Net Business income earned \$ \_\_\_\_\_
- Net farm income earned \$ \_\_\_\_\_
- Unemployment compensation \$ \_\_\_\_\_

**Total Taxable Income** 1. \$ \_\_\_\_\_

**2. Annual Untaxed Income for calendar year 2015**

- Welfare Benefits, TANF, AFDC \$ \_\_\_\_\_
- Social Security Benefits \$ \_\_\_\_\_
- Disability Benefits \$ \_\_\_\_\_
- Child Support Received \$ \_\_\_\_\_
- Workman's Compensation \$ \_\_\_\_\_

**Total Untaxed Income** 2. \$ \_\_\_\_\_

**3. Annual Untaxed Assistance for calendar 2015**

- Food stamps (SNAP) \$ \_\_\_\_\_
- Day Care Assistance \$ \_\_\_\_\_
- Housing Assistance type: \_\_\_\_\_ \$ \_\_\_\_\_
- Cash from Family and Friends \$ \_\_\_\_\_
- Other: source \_\_\_\_\_ \$ \_\_\_\_\_

**Total Untaxed Income** 3. \$ \_\_\_\_\_

**4. Other Income for calendar year 2015**

- Interest \$ \_\_\_\_\_
- Dividends \$ \_\_\_\_\_
- Other: source \_\_\_\_\_ \$ \_\_\_\_\_

**Total Other Income** 4. \$ \_\_\_\_\_

**Total 2015 Parent(s) Income (1+2+3+4)** \$ \_\_\_\_\_

<b>Total 2015 Parent(s) Expenses from Section 1</b>	\$ _____
<b>Total 2015 Parent(s) Income from Section 2</b>	\$ _____

If the total expenses from Section 1 are greater than the total income from Section 2, please explain below what additional resources were used to pay for the expenses.

---



---



---



---

**By signing this worksheet, we certify that all information reported on it is complete and correct.**

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_