



2017-2018 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.

Section 1 Living Expenses Amount per month # of Months Yearly Total

1. Housing

- Rent or Mortgage \$ _____ X _____ = \$ _____
- Insurance \$ _____ X _____ = \$ _____
- Maintenance \$ _____ X _____ = \$ _____
- Other \$ _____ X _____ = \$ _____

2. Utilities

- Electric/Gas \$ _____ X _____ = \$ _____
- Water/Sewer \$ _____ X _____ = \$ _____
- Phone/Cell \$ _____ X _____ = \$ _____
- Cable TV \$ _____ X _____ = \$ _____
- Other \$ _____ X _____ = \$ _____

3. Transportation

- Car loan \$ _____ X _____ = \$ _____
- Insurance \$ _____ X _____ = \$ _____
- Maintenance \$ _____ X _____ = \$ _____
- Fuel \$ _____ X _____ = \$ _____
- Other \$ _____ X _____ = \$ _____

4. Personal

- Food \$ _____ X _____ = \$ _____
- Clothing \$ _____ X _____ = \$ _____
- Medical/Dental \$ _____ X _____ = \$ _____
- Other \$ _____ X _____ = \$ _____

5. Day Care \$ _____ X _____ = \$ _____

6. Other Expenses \$ _____ X _____ = \$ _____

Total 2015 Parent's Expenses (add all lines) \$ _____

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) \$ _____

Total 2015 Parent(s) Expenses from Section 1	\$ _____
Total 2015 Parent(s) Income from Section 2	\$ _____

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 _____