2021-22 MINIMAL INCOME STATEMENT – DEPENDENT STUDENT & PARENT(S)

Your 2021-22 Free Application for Federal Student Aid (FAFSA) indicates that you reported an Adjusted Gross Income (AGI) and/or total untaxed income that was unusually LOW. In order to finalize and confirm your Financial Aid Package you must supply an account of your resources and other support as well as your household expenses. The student and parent must sign and return this form to the Office of Financial Aid.

Student Name: _____ SSN:_____

Address:_____
Street City State Zip Code

Phone/Cell: _____ Email:_____

RESOURCE/EXPENSE REPORT

Please itemize your household's monthly expenses in 2019. Do not leave anything blank, if the amount is $0 put $0. This is for the parent's and student's combined household.

Expense	Monthly Amount	Yearly Amount
Housing (mortgage or rent payments)	$	$
Average telephone and/or cell phone charges	$	$
Combined utility (water, gas, electricity) charges	$	$
Supplies/Clothing	$	$
Food/groceries	$	$
Auto/Transportation (car payment, gas, bus pass)	$	$
Medical/dental insurance	$	$
Loan/Credit Card Payments	$	$
Child care	$	$
Cable/satellite/internet	$	$
Other (please list):	$	$
Other (please list):	$	$
Total Expenses	**$**	**$**

If you listed zero ($0) for Housing, Utilities or Food, explain how these needs were met without cost:

_____

_____

_____

_____

828 E 11th Ave ● Eugene, OR 97401 ● TEL 541-684-7201 ● FAX 541-684-7300 ● finaid@bushnell.edu

INCOME SOURCES

List all resources that you/your parent(s) used to meet the above expenses in 2019. Include employment, unemployment benefits, Social security, pensions, loans, credit cards, monetary gifts, etc.

Resources	Monthly Amount	Yearly Amount
Example: Employment (parents)	$ 520 (10 months)	$ 5,200
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$
Total Resources	**$**	**$**

In 2019 were you given any money to pay bills and/or buy groceries? YES NO

- If YES, please list amount received. $_____

Please provide any further information that might help explain how you met 2019 expenses.

_____

_____

_____

_____

_____

_____

By signing below, I certify that all the information provided in this statement is accurate and true to the best of my knowledge. I acknowledge that it is unlawful to supply false or misleading information in order to obtain federal student aid. I understand that previously undisclosed data provided on this form may result in an increase in the income reported on the FAFSA. I also understand that no financial aid package will be finalized and no aid will be disbursed until this fully completed document is received by the Office of Financial Aid.

_____ _____ _____ _____

Student Signature Date Parent Signature Date