



## 2024-25 MINIMAL INCOME STATEMENT – DEPENDENT STUDENT & PARENT(S)

Your 2024-25 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. 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 2022. 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)	\$ <input type="text"/>	\$ <input type="text"/>
Average telephone and/or cell phone charges	\$ <input type="text"/>	\$ <input type="text"/>
Combined utility (water, gas, electricity) charges	\$ <input type="text"/>	\$ <input type="text"/>
Supplies/Clothing	\$ <input type="text"/>	\$ <input type="text"/>
Food/groceries	\$ <input type="text"/>	\$ <input type="text"/>
Auto/Transportation (car payment, gas, bus pass)	\$ <input type="text"/>	\$ <input type="text"/>
Medical/dental insurance	\$ <input type="text"/>	\$ <input type="text"/>
Loan/Credit Card Payments	\$ <input type="text"/>	\$ <input type="text"/>
Child care	\$ <input type="text"/>	\$ <input type="text"/>
Cable/satellite/internet	\$ <input type="text"/>	\$ <input type="text"/>
Other (please list):	\$ <input type="text"/>	\$ <input type="text"/>
Other (please list):	\$ <input type="text"/>	\$ <input type="text"/>
<b>Total Expenses</b>	<b>\$ <input type="text"/></b>	<b>\$ <input type="text"/></b>

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

## INCOME SOURCES

List all resources that you/your parent(s) used to meet the above expenses in 2022. 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 2021 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 2021 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