

STATEMENT OF INCOME RESOURCES

INSTRUCTIONS

1. Please remember to multiply your total expenses by 12.
2. Then, fill out your income sources
 - a) Wages: If you filed a 1040, 1040A or a 1040EZ, use amount from the adjusted gross income line.
*If you did not file a Tax Return but did earn wages, list amount you earned as wages.
 - b) Interest Income: List any interest income from your savings, checking, C.D.'s, Trust Accounts, etc.
 - c) Child Support: List all child support received from spouse. (do not include child support from the state)
 - d) Savings Withdrawal: List all withdrawals taken out for *living expenses only*.
 - e) Monetary Gifts from Friends: List all cash given to you by friends or relatives. If you are an *independent* student, you may list any money paid on your behalf by your parents or any other person (ex. Rent, car insurance, etc.).
 - f) Untaxed/Other: List all AFDC Benefits, Veterans Benefits, Vocational Rehabilitation, and Unemployment Benefits.
3. Please sign this form. If you are a dependent student, at least one parent needs to sign as well.

STATEMENT OF INCOME RESOURCES

STUDENT NAME _____ STUDENT ID# _____
 PARENT NAME _____

Please complete the following statement in reference to you and/or your family's financial situation for the year(s) of _____.

Annual EXPENSES(if monthly x 12) **Annual INCOME(if monthly x 12)**

Rent/Mortgage	\$	Wages-Within The U.S.	\$
Food	\$	Wages-Outside U.S.	\$
Utilities	\$	Monetary Gifts (Include Foreign Contributions) <i>See Tip Sheet, page 1, 2E</i>	\$
Transportation	\$	Interest Income <i>See Tip Sheet, page 1, 2B</i>	\$
Insurance	\$	Child Support (Received) <i>See Tip Sheet, page 1, 2C</i>	\$ <i>(if monthly x 12)</i>
Child Care	\$	Spousal Support (Received)	\$ <i>(if monthly x 12)</i>
Unreimbursed Medical Expenses	\$	Savings Withdrawals	\$
Clothing Expense (Include Cleaning Expense)	\$	Other Untaxed Income as Indicated on Worksheet A and B Of the FAFSA, i.e. waiter/ waitress tips. <i>See Tip Sheet, page 1, 2F</i>	\$
Loan/Credit Card Payments	\$		
Entertainment	\$		
Miscellaneous	\$	Miscellaneous	\$

TOTAL \$ _____ **TOTAL** \$ _____

All information provided is complete and true to the best of my/our knowledge. I/We realize that the Financial Services Office may need to request additional documents, forms or other information in addition to this form.

STUDENT SIGNATURE/DATE

PARENT SIGNATURE/DATE
(if dependent, only 1 parent needs to sign)

STATEMENT OF INCOME RESOURCES

Completed by: Student/Spouse /Parent (Circle One): _____

Student Name: _____

Student ID: _____

Provide a detailed explanation below of how you (and your family) met your expenses during last year.

Student Signature/Date

Parent Signature/date
