

2023–2024

MINIMAL INCOME STATEMENT
INDEPENDENT STUDENT

SECTION A — STUDENT INFORMATION

Name Last First MI. ID #

1. Did you (or your spouse, if married) receive AFDC/TANF (public assistance), SSI (disability), or Social Security benefits in 2021?

- No
YES — List the name(s) of the benefit:

How much was received per month in 2021?
Number of months you received assistance in 2021:

2. Did you (and your spouse, if married) live with a relative or someone else who provided you with free room and board in 2021?

- No
YES — NAME: RELATIONSHIP:

3. Did you (and your spouse, if married) live in another country in 2021?

- No
YES — What country?

4. Did you (and your spouse, if married) earn income in your home country in 2021?

- No
YES — How much? \$

(Total amount for 2021 in U.S. dollars)

Student Name _____ ID# _____

SECTION B — LIST OF EXPENSES AND SUPPORT FOR 2021

You (and your spouse if married) must list your monthly expenses, your monthly amount of support, and your source of support you (and your spouse if married) received in the 2021 calendar year. While it may be difficult to determine some of these figures, it is necessary to provide us with the most accurate information.

PLEASE NOTE: If your (and your spouse's if married) monthly expenses are more than the 2021 income listed on the Free Application for Federal Student Aid (FAFSA), you (and your spouse if married) must provide an explanation in SECTION C — ADDITIONAL COMMENTS. In addition, if your income has increased in 2021 please explain how and list your total anticipated income (taxable and nontaxable income) for 2021. Attach a separate sheet if necessary. This form will be considered incomplete and returned to you for completion if the explanation is missing or does not provide enough detail.

STUDENT LIVING EXPENSES	EXPENSES List the amount per month from Jan. 1, 2021 to Dec. 31, 2021.	SUPPORT List the amount per month from Jan. 1, 2021 to Dec. 31, 2021.	WHO PAID THIS EXPENSE?
1. Housing (rent/mortgage)	\$	\$	
2. Child Care	\$	\$	
3. Utilities	\$	\$	
4. Credit Card(s)	\$	\$	
5. Medical/Dental	\$	\$	
6. Auto (car payments, insurance, maintenance)	\$	\$	
7. Other Personal Expenses	\$	\$	
8. TOTAL MONTHLY EXPENSES/SUPPORT	\$	\$	
9. TOTAL YEARLY EXPENSES/SUPPORT (Line 8 x 12 months)	\$	\$	

SECTION C — ADDITIONAL COMMENTS (ATTACH A SEPARATE SHEET IF NECESSARY)

BY SIGNING THIS WORKSHEET, I CERTIFY ALL INFORMATION REPORTED IS TRUE AND ACCURATE. I UNDERSTAND IF THIS FORM IS INCOMPLETE OR RETURNED LATE, MY FINANCIAL AID WILL BE DELAYED AND A REDUCTION IN AID COULD OCCUR.

Student Signature _____ Date _____