

1			
1			

2025-2026 Minimal Income Statement for Dependent Students

To accurately evaluate your eligibility for financial aid, our office requires that you provide supplemental documentation of your income and assets reported on your FAFSA. Please complete this form, explaining how you and your parent(s) were able to cover expenses such as housing, food, and utilities during **the 2022 calendar year**. The parent information must be completed if you were required to submit parent information on the FAFSA.

Last	F	irst		Middle
Street Address	Apt. #	City	State	Zip Code
	Email Address			
Number	Al	ternate Phone Ni	ımber	
		Street Address Apt. # Email Address	Street Address Apt. # City Email Address	Street Address Apt. # City State Email Address

SECTION A: INCOME

The form will be returned if you leave a field blank. If the answer is zero enter "o" or "N/A."

Parent(s) 2024 Income	Amount Per Month	Student 2024 Income	Amount Per Month
Income from work (gross amount)		Income from work (gross amount)	
Business income		Business income	
Social Security Benefits		Social Security Benefits	
Unemployment Benefits		Unemployment Benefits	
Child Support		Child Support	
Worker's compensation		Worker's compensation	
Disability Benefits		Disability Benefits	
Alimony		Alimony	
SNAP/Food Stamps		SNAP/Food Stamps	
TANF		TANF	
Rental assistance		Rental assistance	
Cash assistance from family and friends		Cash assistance from family and friends	
Cash received or money paid on your behalf		Cash received or money paid on your behalf	
Other sources		Other sources	
TOTAL INCOME =		TOTAL INCOME =	



T			
1	l		
1	l		

Name		
Last	First	Middle

SECTION B: EXPENSES

The form will be returned if you leave a field blank. If the answer is zero enter "o" or "N/A."

2024 Parent Expenses	Amount Per Month	2024 Student Expenses	ses Amount Per Month	
Rent/Mortgage		Rent/Mortgage		
Utilities (electric, water, gas)		Utilities (electric, water, gas)		
Telephone/Cell Phone		Telephone/Cell Phone		
Medical/Dental health insurance		Medical/Dental health insurance		
Car payment		Car payment		
Car insurance		Car insurance		
Food/Groceries		Food/Groceries		
Transportation (fuel, bus, train)		Transportation (fuel, bus, train)		
Child Support		Child Support		
Other expenses		Other expenses		
TOTAL EXPENSES =		TOTAL EXPENSES =		

SECTION C: EXPLANATION OF SITUATION (Required) Please explain your situation. Include as much detail as possible about how your family covered housing, utilities, and other living expenses for calendar year 2022. An explanation is also required if few or no expenses were listed in Section B. If you used savings, line of credit, etc. to meet your expenses, attach three consecutive monthly statements from those accounts. Attach additional pages if necessary. SECTION D: CERTIFICATION SIGNATURES I/We certify that all information reported is complete and accurate to the best of my ability. I/We understand that any false statement or misrepresentation may be the cause of the reduction and/or repayment of federal, state, or institutional financial aid. Student Signature Date Date Date