

2016-2017 Income and Expense Statement Dependent

Student's Name _____ Adelphi ID# _____

On your Free Application for Federal Student Aid, the federal government has indicated that the total income your parents reported does not appear sufficient to meet basic living expenses. In order to verify the reported information and complete your financial aid application, you and your parent(s) must complete the following information concerning the income your parent(s) received, and the expenses your family incurred, during **calendar year 2015**. Please complete all required sections of this form, including yours and your parent's signature and date, and return it to our office. Failure to do so will result in a suspension of your request for financial assistance for the 2016-2017 academic year.

Parent's Household Income and Expenses for calendar year 2015

2015 Yearly Expenses	2015 Yearly Income and Resources
Housing/Rent/Mortgage \$ _____	Income from Work \$ _____
Utilities (e.g. gas, electric) \$ _____	Social Security Benefits \$ _____
Cell phone/cable \$ _____	TANF/WIC/Food Stamps \$ _____
Food/Groceries \$ _____	Child Support \$ _____
Car Loans/Insurance \$ _____	Alimony or Maintenance \$ _____
Gas/Auto Maintenance \$ _____	Unemployment Compensation \$ _____
Public Transportation \$ _____	Disability Benefits \$ _____
Medical/Dental \$ _____	Pension or Retirement Benefit \$ _____
Medical/Health Insurance \$ _____	Workers' Compensation \$ _____
Clothing \$ _____	Refunds from Federal Loans \$ _____
Laundry/Dry Cleaning \$ _____	Personal Loans \$ _____
Child Care \$ _____	Savings/assets used to meet expenses \$ _____
Entertainment \$ _____	* Cash/gifts/other support received \$ _____
Other (specify) _____ \$ _____	Other (Specify) _____ \$ _____
Total Expenses for 2015 \$ _____	Total Income for 2015 \$ _____

IF YOUR TOTAL INCOME IS LESS THAN YOUR TOTAL EXPENSES YOU MUST PROVIDE AN EXPLANATION BELOW

Please provide an additional explanation that would help us understand how your family met your living expenses during 2015. *This section must be completed if the total reported expenses exceed the total reported income.

Certification

I certify that the information provided on this form is correct to the best of my knowledge. I understand that once this information is submitted it cannot be amended without supporting documentation.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____