

2016-2017 Income and Expense Statement for Additional Household Member

Student's Name _____ Adelphi ID# _____

Family Member's Name _____ Relationship to student _____

On your Free Application for Federal Student Aid (FAFSA), you have indicated that you/your parents provide more than 50% financial support for people other than dependent children. In order to complete your financial aid application, we must verify that the person named above is correctly included in your household. Please have each additional household member (not you, your parents or your dependent siblings) complete the following information concerning the income they received and the expenses for which they were *personally responsible* during **calendar year 2015**. They must complete all required sections of this form, it must be signed and dated by you (the student), your parent, and the household member, and returned to our office. Failure to do so will result in a suspension of your request for financial assistance for the 2016-2017 academic year.

Family Member's Income and Expenses for calendar year 2015

2015 Yearly Expenses

2015 Yearly Income and Resources

Food/Groceries \$ _____

Medical/Dental \$ _____

Health Insurance \$ _____

Child Care \$ _____

Car Loans/Insurance \$ _____

Gas/Auto Maintenance \$ _____

Public Transportation \$ _____

Clothing \$ _____

Laundry/Dry Cleaning \$ _____

Cell Phone \$ _____

Entertainment \$ _____

Other (specify) _____ \$ _____

Other (specify) _____ \$ _____

Other (specify) _____ \$ _____

Total Expenses for 2015 \$ _____

Income from Work \$ _____

Social Security Benefits \$ _____

TANF/WIC/Food Stamps \$ _____

Child Support \$ _____

Alimony or Maintenance \$ _____

Unemployment Compensation \$ _____

Disability Benefits \$ _____

Pension or Retirement Benefit \$ _____

Workers' Compensation \$ _____

Refunds from Federal Loans \$ _____

Personal Loans \$ _____

Savings/Assets used to meet expenses \$ _____

Cash/Gifts/Other support received \$ _____

Other (Specify) _____ \$ _____

Total Income for 2015 \$ _____

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.

Family Member Signature _____ Date _____

Student's Signature _____ Date _____

Parent Signature _____ Date _____