

STUDENT LAST NAME:	STUDENT FIRST NAME:	AU ID#:

Dependent Student: Parent's Household Income and Expenses for 2017

On your Free Application for Federal Student Aid (FASFA), the federal government has indicated that the total income your parent(s) 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 <u>calendar year 2017</u>. 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 2019-2020 academic year.*

2017 Yearly Expenses

Housing/Rent/Mortgage:	\$
Utilities (ie: gas, electric):	\$
Cell Phone/Cable:	\$
Food/Groceries:	\$
Car Loans/Insurance:	\$
Gas/Auto Maintenance:	\$
Public Transportation:	\$
Medical/Dental:	\$
Medical/Health Insurance:	\$
Clothing:	\$
Laundry/Dry Cleaning:	\$
Child Care:	\$
Entertainment:	\$
Other (specify):	\$
*Total 2017 Expenses:	\$

2017 Yearly Income and Resources

Income from Work:	\$
Social Security Benefits:	\$
TANF/WIC/SNAP(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 2017 Income:	\$

*The Following Section MUST Be Completed if the Total Reported Expenses Exceed the Total Reported Income:

PLEASE PROVIDE AN ADDITIONAL EXPLANATION THAT WOULD HELP US UNDERSTAND HOW YOUR FAMILY MET YOUR LIVING EXPENSES DURING 2017:				

Certification and Signatures

Each person signing this worksheet certifies that all of the information on it is complete and correct. **I understand that once this information is submitted it cannot be amended without supporting documentation.** Electronic corrections to your FAFSA may be made by our office if there are discrepancies between the information on this form and the data you filed on your FAFSA. The student and one parent must sign and date this form.

purposely give false or misleading information.	STUDENT SIGNATURE:	DATE:
	PARENT SIGNATURE:	DATE: