

2024-2025 Expense/Resource Form

STUDENT:__

Last name

First name

FIDN#: A_____

Clarification is needed to ensure you are being considered for the maximum amount of financial aid available. The 2022 income reported on your financial aid application appears to be low. Please fill out the worksheet below, listing all of your income and expenses. When completed, this worksheet should demonstrate how you supported yourself and/or your family in 2022. If you are a dependent student, you must include parental information on the second page. **In all cases, the Total 2022 Personal Income (B) must equal or exceed Total 2022 Personal Expenses (A) recorded.** Do not include any income or expenses that are paid for by a business you own. Documentation may be requested to support the figures reported on this form.

STUDENTS 2022 ANNUAL PERSONAL EXPENSES AND INCOME

| Expenses | Student & Spouse | Income | Student & Spouse |
|-------------------------------|------------------|-------------------------------------|------------------|
| Rent | _ | Earnings from all employment | |
| | \$ | after taxes (Taxable & Untaxable) | \$ |
| Mortgage & Real Estate Taxes | \$ | Unemployment Compensation | |
| Food | ə | Withdrawals from savings | \$ |
| rood | \$ | windrawais nom savnigs | \$ |
| Car payment/Insurance | \$ | Social Security/Disability Benefits | \$ |
| Car maintenance/Gas | \$ | Welfare, AFDC, TANF, SNAP | \$ |
| Utilities/Telephone/Cable | \$ | Child Support Received | \$ |
| Child Support/Alimony Paid | | Alimony/Palimony Received | |
| List child(ren) and age below | \$ | | \$ |
| Clothing | | Expenses billed to you & paid by | |
| | \$ | others (total dollar value) | \$ |
| Entertainment | | Cash received from family and/or | |
| | \$ | friends | \$ |
| Child Care | | Financial Aid refunds received | |
| | \$ | in 2022 | \$ |
| Unreimbursed Medical | | *Support provided by others | |
| | \$ | (Please explain below) | \$ |
| Credit Card Payments (exclude | | Tribal Benefits received in 2022 | |
| amounts paid for in other | | (total dollar value) | |
| expense categories) | \$ | | \$ |
| Other: Explain below | \$ | Other: Explain below | \$ |
| Other: Explain below | \$ | Other: Explain below | \$ |
| (A) Total 2022 Expenses | \$ | (B) Total 2022 Income | \$ |

*Examples of support include food, shelter, clothing, non-cash gifts etc. Be sure to list the total dollar value of support received in 2022.

Dependent students must complete the next page of this form.

| FIDN#: A | |
|----------|--|
|----------|--|

| Earnings from all employment after taxes (Taxable & Untaxable) Unemployment Compensation Withdrawals from savings Social Security/Disability Benefits Welfare, AFDC, TANF, SNAP Child Support Received | \$ \$ \$ \$ \$ |
|---|--|
| Unemployment Compensation Withdrawals from savings Social Security/Disability Benefits Welfare, AFDC, TANF, SNAP | \$ \$ \$ |
| Withdrawals from savings Social Security/Disability Benefits Welfare, AFDC, TANF, SNAP | \$ \$ |
| Social Security/Disability Benefits Welfare, AFDC, TANF, SNAP | \$ \$ |
| Social Security/Disability Benefits Welfare, AFDC, TANF, SNAP | \$ |
| Benefits Welfare, AFDC, TANF, SNAP | \$ |
| Benefits Welfare, AFDC, TANF, SNAP | |
| | |
| | \$ |
| Child Support Received | |
| | ¢ |
| | \$ |
| Alimony/Palimony Received | ф. |
| | \$ |
| Expenses billed to you & paid by | |
| others (total dollar value) | \$ |
| Cash received from family and/or | |
| friends | \$ |
| Financial Aid refunds received | |
| in 2022 | \$ |
| *Support provided by others | |
| (Please explain below) | \$ |
| Tribal Benefits received in 2022 | |
| (total dollar value) | |
| | \$ |
| Other: Explain below | |
| - | \$ |
| Other: Explain below | ф. |
| | \$ |
| (D) Total 2022 Income | ¢ |
| | (Please explain below) Tribal Benefits received in 2022 (total dollar value) |

PARENTS 2022 ANNUAL PERSONAL EXPENSES AND INCOME

*Examples of support include food, shelter, clothing, non-cash gifts etc. Be sure to list the total dollar value of support received in 2022.

I (we) certify the information reported above is true and accurate to the best of my (our) knowledge. I (we) understand that providing misleading or false information can jeopardize financial aid eligibility and subject me (us) to federal penalties. If additional information is requested, I (we) agree to provide the institution with any supporting documentation to verify the information stated above. We do not accept electronic signatures. Note: If you are a dependent student, you and a parent must sign this form.

| Student's Name (Print) | Student's Signature | Date |
|------------------------|---------------------|------|
| Spouse's Name (Print) | Spouse's Signature | Date |
| Parent's Name (Print) | Parent's Signature | Date |