

Student's Last Name

Student's First Name

Middle Initial

Social Security Number

The income reported on your 2020/21 FAFSA appears insufficient to support the number of people in your household. Report amounts paid for each **2018** expenditure, including cash paid by a third party. Do not leave any item blank.

**Independent students must fill out information based on their household.**

**Dependent students must fill out information based on parent's household.**

**FEDERAL BENEFITS**

YES or NO - did anyone in your household receive any of the following federal benefits in **2018 or 2019**?

	Free or Reduced Lunch
	<b>SSI or SSDI</b> – Supplemental Security Income or Supplemental Security Disability Income
	<b>TANF</b> – Temporary Assistance for Needy Families
	<b>WIC</b> – Special Supplemental Nutrition Program for Women, Infants, and Children
	<b>SNAP</b> –2017 or 2018 Supplemental Nutrition Assistance Program
	<b>Medicaid</b>

**2018 MONTHLY HOUSEHOLD INCOME/RESOURCES**

Supporting documentation of income may be required: W-2 statements, Social Security Administration statements, Employment Security Commission statements, Child Support Enforcement statements, and/or notarized statement from third party providing income/resource.	Amount Received Monthly
Income from work – before taxes or deductions	\$
Unemployment	\$
Disability	\$
Child Support Received	\$
Social Security Benefits	\$
Public Assistance/Subsidized Housing Income	\$
Veterans Benefits and Housing (non-educational)	\$
Support Received from a third party (relatives/friends/other)	\$

**2018 MONTHLY HOUSEHOLD EXPENSES**

Attach a separate sheet if additional space is needed	Amount Paid Monthly	Name on bill	Who paid the bill (indicate a name)	Relationship to self
Rent/Mortgage	\$			
Electric, Gas, and Water	\$			
Credit Card and Loans	\$			
Car Payment, Insurance, and Gasoline	\$			
Groceries/Food	\$			

