

**Deadline: Immediately**

Student's Last Name: \_\_\_\_\_  
 Student's First Name: \_\_\_\_\_  
 Student's ID Number: \_\_\_\_\_

**Family Member Income and Expense Statement**



On your Free Application for Federal Student Aid (FAFSA), the federal government has indicated that the total income you reported does not appear sufficient to meet basic living expenses. Therefore, to continue processing your FAFSA, we need to determine all sources of your income, as well as an estimate of your living expenses; such as food, clothing, utilities, housing, transportation, etc.

Complete the following sections, sign, and return this form to our office using **2006** expenses, *not current year expenses*. If additional space is needed, you may attach additional pages to this form.

Do you and/or spouse share living expenses with others? (circle one) YES NO

If YES, with whom? \_\_\_\_\_ Their relationship to you: \_\_\_\_\_

Do you and/or spouse pay rent? (circle one) YES NO

Do you and/or spouse pay a mortgage? (circle one) YES NO

*If you answered NO to both please explain in Section 3*

**Section 1 – Monthly Expenses for the Calendar Year 2006 (not current expenses)**

*(You must explain any items reported as "\$0" in Section 3.)*

ITEM	Average Amount per month	Average Amount per year
1. Mortgage/rent	\$ _____	\$ _____
2. Property taxes (if not included in mortgage)	\$ _____	\$ _____
3. Cell Phone	\$ _____	\$ _____
4. Utilities (gas, electric, phone, cable etc.)	\$ _____	\$ _____
5. Gasoline	\$ _____	\$ _____
6. Other Transportation (public)	\$ _____	\$ _____
7. Medical/Health not covered by insurance	\$ _____	\$ _____
8. Education (out of pocket expenses)	\$ _____	\$ _____
9. Vehicle Loan/lease payments/insurance	\$ _____	\$ _____
10. Groceries and Restaurant meals	\$ _____	\$ _____
11. Clothing	\$ _____	\$ _____
12. Cleaning and Laundry	\$ _____	\$ _____
13. Entertainment	\$ _____	\$ _____
14. Medical prescriptions (out of pocket cost)	\$ _____	\$ _____
15. Child care	\$ _____	\$ _____
16. Charge accounts	\$ _____	\$ _____
17. Car maintenance and repair	\$ _____	\$ _____
18. Life insurance/other insurance	\$ _____	\$ _____
19. _____	\$ _____	\$ _____
20. _____	\$ _____	\$ _____
<b>Totals</b>	\$ _____	\$ _____

PLEASE COMPLETE THE REVERSE SIDE

