
MINIMAL INCOME STATEMENT
DEPENDENT STUDENT
2010-2011

SECTION A — STUDENT INFORMATION

Name: _____ ID # _____
Last First MI.

1. Did your parents receive AFDC/TANF (welfare), SSI (disability), or Social Security benefits in 2009?
 NO
 YES — List the name(s) of the benefit: _____
How much was received per month in 2009? _____
Number of months you received assistance in 2009: _____

2. Did your parents live with a relative or someone else who provided them with free room and board in 2009?
 NO
 YES — NAME: _____ RELATIONSHIP: _____

3. Did your parents live in another country in 2009?
 NO
 YES — What country? _____

4. Did your parents earn income in their home country in 2009?
 NO
 YES — How much? \$ _____
(Total amount for 2009 in U.S. dollars)

COMPLETE PAGE 2 

Student Name _____ ID# _____

SECTION B — LIST OF EXPENSES AND SUPPORT FOR 2009

Your parents must list their monthly expenses, their monthly amount of support, and their source of support that they received in the 2009 calendar year. While it may be difficult for them to determine some of these figures, it is necessary to provide us with the most accurate information.

PLEASE NOTE: If your parents' monthly expenses are more than the 2009 income listed on the Free Application for Federal Student Aid (FAFSA), they must provide an explanation in **SECTION C — ADDITIONAL COMMENTS**. In addition, if their income has increased in 2010, they must explain how and list their total anticipated income (taxable and nontaxable income) for 2010. Attach a separate sheet if necessary. This form will be considered incomplete and returned for completion if the explanation is missing or does not provide enough detail.

PARENTS LIVING EXPENSES	EXPENSES List the amount per month from January 1, 2009 to December 31, 2009.	SUPPORT List the amount per month from January 1, 2009 to December 31, 2009.	WHO PAID THIS EXPENSE?
1. Housing (rent, mortgage)	\$	\$	
2. Child Care	\$	\$	
3. Utilities	\$	\$	
4. Credit Card(s)	\$	\$	
5. Medical/Dental	\$	\$	
6. Auto (car payments, insurance, maintenance)	\$	\$	
7. Other Personal Expenses	\$	\$	
8. TOTAL MONTHLY EXPENSES/SUPPORT	\$	\$	/
9. TOTAL YEARLY EXPENSES/SUPPORT (Line 8 x 12 months)	\$	\$	

SECTION C — ADDITIONAL COMMENTS (Attach a separate sheet if necessary)

BY SIGNING THIS WORKSHEET, WE CERTIFY THAT ALL THE INFORMATION REPORTED TO QUALIFY FOR STUDENT FINANCIAL AID IS TRUE AND ACCURATE. WE UNDERSTAND THAT IF THIS FORM IS INCOMPLETE, THE STUDENT'S AID WILL BE DELAYED. (ONE PARENT MUST SIGN THIS FORM.)

Student Signature _____ Date _____

Parent Signature _____ Date _____

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