
2018-2019 Resources Form

Student ID _____ Legal Name _____

This form has been requested because income reported on the FAFSA was blank, zero or appears too low to have met basic living expenses for an individual or family.

Please answer the following questions for the year 2017:

A. Tax Information

Are you (and your spouse) required to file a federal income tax return (1040)?

- No Yes, please attach a copy of your 2016 IRS 1040(s).

B. Housing Expenses

Where did you (and your spouse) live?

- With a parent Relative/friend In my/our own apartment/house Dorm

How was your housing cost paid?

- Financial Aid Refund Wages Other, please explain: _____

What was the cost of your rent/mortgage per month? \$

C. Other Expenses

How did you pay for food?

- Meal Plan FIA Financial Aid Wages Parents Friends Other

How much did you spend per month on your food/groceries? \$

What other kinds of expenses did you have in 2017?

- Car note/Insurance/Gas Personal Hygiene Medical/Prescriptions Clothing Daycare

How much did you spend per month on the expenses listed above? \$

How did you pay for those expenses?

- Financial Aid Refund Wages Parents Friends Other

D. Child Support

Did you pay and/or receive child support for any member of your household in 2017?

Paid Child Support \$ Per year

Received Child Support \$ Per year

I did not pay/receive child support in 2017

Signing this form certifies that the above information is true and accurate.

Student Signature _____ Date _____