



The income you reported on the FAFSA was blank, zero or appeared unusually low. Please provide the required information below.

Student Last _____ Student First _____ M.I. _____ SSN _____ / _____ / _____ Major _____

STUDENT SECTION

- STEP 1. Did you work in 2008?
 Yes If yes, Total Earnings for 2008 = \$
 No
- STEP 2. Are you living with your parents or a relative?
 Yes
 No
- STEP 3. For each item in column 1 below, list cash amount in column 2 or in-kind support in column 3 (someone provided for you free of charge). In column 4, indicate your relationship to the person providing cash or in-kind support or the name of the Federal Benefit Program, or Financial Aid Refund.

1. Items Covered	2. Indicate: <u>Monthly Amount of Cash Support</u> (someone gave you money to pay your bills or paid your bills for you)	3. Indicate: <u>Monthly Amount of In-kind Support</u> (someone provided for you free of charge)	4. Indicate (if applicable): a) Your relationship to person providing Cash or In-kind Support and/or b) Name of Federal Benefits Program (TANF, WIC, Food Stamps, SSI) and/or c) Financial Aid Refund
Housing	\$		
Food	\$		
Clothing	\$		
Medical	\$		
Transportation	\$		
Other	\$		
TOTAL 2008 Living Cost	\$		

PARENT SECTION (if applicable)

- STEP 1. Did you work in 2008?
 Yes If yes, Total Earnings for 2008 = \$
 No
- STEP 2. For each item in column 1 below, list cash amount in column 2 or in-kind support in column 3 (someone provided for you free of charge). In column 4, indicate your relationship to the person providing cash or in-kind support or the name of the Federal Benefit Program.

1. Items Covered	2. Indicate: <u>Monthly Amount of Cash Support</u> (someone gave you money to pay your bills or paid your bills for you)	3. Indicate: <u>Monthly Amount of In-kind Support</u> (someone provided for you free of charge)	4. Indicate: a) Your relationship to person providing Cash or In-kind Support and/or b) Name of Federal Benefits Program (TANF, WIC, Food Stamps, SSI)
Housing	\$		
Food	\$		
Clothing	\$		
Medical	\$		
Transportation	\$		
Other	\$		
TOTAL 2008 Living Cost	\$		

REQUIRED SIGNATURES: I (we) certify that the information above is true and accurate.

 Student Signature _____ Date _____ Spouse Signature (if applicable) _____ Date _____

 Parent Signature (if applicable) _____ Date _____ Step-Parent Signature (if applicable) _____ Date _____