



Office of Financial Aid

PARENTAL CLARIFICATION OF INCOME AND EXPENSES

Student Name: _____

Student ID or SS# _____

Upon reviewing the Financial Aid Application for the **2015-16** academic year, the reported income information for your parent (s) _____ requires further explanation. Please list the following **YEARLY** amounts received/spent in **2014** for **parent(s)**.

	Income (Yearly)	
EMPLOYMENT (include copies of W-2's)	\$ _____	
SNAP (Food Stamps)	\$ _____	
(Supplemental Nutrition Assistance Program)		
Child Support	\$ _____	
Social Security	\$ _____	
General Relief	\$ _____	
Section 8 Housing Supplement	\$ _____	
Support Received from other Persons	\$ _____	
Name of Person/Group	_____	Relationship _____
Value of Bills Paid by Other Persons	\$ _____	
Name of Person/Group	_____	Relationship _____
Workers Compensation	\$ _____	
VA Benefits	\$ _____	
Pension	\$ _____	
Any Other Income	\$ _____	
Total	\$ _____	

	Expenses (Yearly)
Room/Rent/Mortgage	\$ _____
Board (Food)	\$ _____
Utilities	\$ _____
Telephone	\$ _____
Clothing	\$ _____
Insurance (Health, Life, Auto, Tenant)	\$ _____
Medical Expenses	\$ _____
Transportation	\$ _____
Household Maintenance	\$ _____
Recreation	\$ _____
Miscellaneous	\$ _____
Total	\$ _____

Parent Signature _____

Date _____