



Office of Student Financial Aid
 2400 Gillionville Road
 Albany GA 31707-3098
 Telephone 229-317-6746
 Fax 229-317-6607

**INCOME SUMMARY/HOUSEHOLD EXPENSES
 2008 – 2009**

NAME: _____ SSN/SCHOOL ID: _____

The income reported on your FAFSA (Federal Application for Federal Student Aid) appears insufficient to support your household size. Independent students and parents of dependent students are required to complete this form in its entirety to clarify how your living expenses are currently being met.

When reporting child support, social security, TANF, VA, or SSI benefits you must report the total monthly amount received for all family members in the household.

Monthly Expense	Amount	Monthly Benefits	Amount
Rent/Mortgage	\$	Income from Work	\$
Electricity	\$	Alimony	\$
Gas	\$	Child Support	\$
Phone	\$	TANF	\$
Food	\$	Food Stamps	\$
Water	\$	Social Security	\$
Child Care	\$	VA Benefits	\$
Transportation	\$	Family Members	\$
Personal Expense	\$	Churches	\$
Miscellaneous Expense	\$	Disability	\$
Insurance	\$	Workers Compensation	\$
Total Expenses	\$	Total Benefits	\$

Explanation of how living expenses are met:

Student's Signature _____ Date _____

Parent's Signature _____ Date _____
 (Required if student is classified as dependent)

Warning: if you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.