



2023-2024 INCOME & EXPENSE CLARIFICATION FORM

Student Name: _____ Student ID#: _____

Please itemize your custodial parents' **monthly** income and all household expenses below so that we can better understand how your custodial parents are meeting their household expenses. **Please list all dollar figures per month.**

***If you are a confirmed independent student, please use your information only when completing the section below.**

Living Expenses	Best Estimates of monthly expenses from 1/1/22-12/31/22	Best Estimates of monthly expenses from 1/1/23-12/31/23	Income Benefits and Resources	Best Estimates of monthly net income from 1/1/22-12/31/22	Best Estimates of monthly net income from 1/1/23-12/31/23
Rent/Mortgage			Net Wages/Self-Employment Income		
Utilities			Welfare Benefit		
Food			SNAP/Food Stamps		
Transportation (car payment, insurance, gas, bus fare, etc.)			Housing Subsidy		
Personal (Clothing, Misc. Expenses)			Cash Support		
Child Care			Social Security		
Medical			Child Support		
Other (specify)			Alimony		
			Unemployment		
			Pension/Severance Distributions		
			Rental Income		
			Life Insurance proceeds		
			Other (specify)		
Totals			Totals		

If expenses are higher than income, please explain here (please feel free to provide additional comments on an additional page)

I/we certify that the above information is complete and correct and may require further follow-up from the Office of Financial Aid.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____