

2023-2024 Living Expense Worksheet

An unusually low amount of income was reported on your 2023-2024 Free Application for Federal Student Aid (FAFSA). To clarify your financial aid application and household finances, list and explain the resources you/your spouse used to help pay for your living expenses in 2021. Dependent students must include their parent's financial information. This information will be used to verify your FAFSA application. To continue with the financial aid process, complete this form and upload it to your [Financial Aid Student Portal](#) by the requested deadline.

Please TYPE Responses

Student's Name _____

Student ID # _____

A. Please indicate the total expenses you and your spouse paid in 2021. Each field must be completed. If not applicable, enter "\$0" in the blank. However, all fields cannot equal \$0.

2021 LIVING EXPENSES PAID (ANNUAL)		
STUDENT/SPOUSE		
Housing (Check One) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with someone rent-free	Per month: \$	Per year (X12): \$
Gas/Electric	Per month: \$	Per year (X12): \$
TV/Internet (Cable, Satellite, Streaming Services, etc.)	Per month: \$	Per year (X12): \$
Phone (Cell & Landline)	Per month: \$	Per year (X12): \$
Transportation (Bus Pass, Fuel, Car Note, Insurance, etc.)	Per month: \$	Per year (X12): \$
Food	Per month: \$	Per year (X12): \$
Medical (Prescriptions, Doctor's Visits, etc.)	Per month: \$	Per year (X12): \$
Personal (Clothes, Shoes, Hygiene Items, etc.)	Per month: \$	Per year (X12): \$
Child Care Expenses	Per month: \$	Per year (X12): \$
Total 2021 Expenses	Per month: \$	Per year (X12): \$

B. If you are a DEPENDENT student, please indicate the total expenses your parent(s) paid in 2021. Each field must be completed. If not applicable, enter "\$0" in the blank. However, all fields cannot equal \$0. If you're an INDEPENDENT student, move to Section C.

2021 LIVING EXPENSES PAID (ANNUAL)		
PARENT(S)		
Housing (Check One) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with someone rent-free	Per month: \$	Per year (X12): \$
Gas/Electric	Per month: \$	Per year (X12): \$
TV/Internet (Cable, Satellite, Streaming Services, etc.)	Per month: \$	Per year (X12): \$
Phone (Cell & Landline)	Per month: \$	Per year (X12): \$
Transportation (Bus Pass, Fuel, Car Note, Insurance, etc.)	Per month: \$	Per year (X12): \$
Food	Per month: \$	Per year (X12): \$
Medical (Prescriptions, Doctor's Visits, etc.)	Per month: \$	Per year (X12): \$
Personal (Clothes, Shoes, Hygiene Items, etc.)	Per month: \$	Per year (X12): \$
Child Care Expenses	Per month: \$	Per year (X12): \$
Total 2021 Expenses	Per month: \$	Per year (X12): \$



C. Please indicate the total amount of income you and your spouse received in 2021 to meet the expenses indicated on page 1. Each field must be completed. If not applicable, enter "\$0" in the blank. However, all fields cannot equal \$0.

2021 INCOME AND RESOURCES RECEIVED (ANNUAL)		
STUDENT/SPOUSE		
Income earned from work	Per month: \$	Per year (X12): \$
Foreign income earned from work (Convert to U.S. dollars)	Per month: \$	Per year (X12): \$
Child support received for all children	Per month: \$	Per year (X12): \$
Alimony or separate maintenance	Per month: \$	Per year (X12): \$
Food Stamps	Per month: \$	Per year (X12): \$
Welfare benefits: AFDC/ADC or TANF	Per month: \$	Per year (X12): \$
Supplemental Security Income (SSI)	Per month: \$	Per year (X12): \$
Social Security benefits	Per month: \$	Per year (X12): \$
Veteran's benefits--specify type: _____	Per month: \$	Per year (X12): \$
Unemployment compensation	Per month: \$	Per year (X12): \$
Disability Benefits other than Social Security	Per month: \$	Per year (X12): \$
Pensions or retirements benefits	Per month: \$	Per year (X12): \$
Workers' compensation	Per month: \$	Per year (X12): \$
Financial Aid refund received	Per month: \$	Per year (X12): \$
Monetary gifts from Family/Friends	Per month: \$	Per year (X12): \$
Other--specify type: _____	Per month: \$	Per year (X12): \$
Total 2021 Income	Per month: \$	Per year (X12): \$

D. If you are a DEPENDENT student, please indicate the total amount of income your parent(s) received in 2021 to meet the expenses indicated on page 1. Each field must be completed. If not applicable, enter "\$0" in the blank. However, all fields cannot equal \$0. If you are an INDEPENDENT student, move to Section E.

2021 INCOME AND RESOURCES RECEIVED (ANNUAL)		
PARENT(S)		
Income earned from work	Per month: \$	Per year (X12): \$
Foreign income earned from work (Convert to U.S. dollars)	Per month: \$	Per year (X12): \$
Child support received for all children	Per month: \$	Per year (X12): \$
Alimony or separate maintenance	Per month: \$	Per year (X12): \$
Food Stamps	Per month: \$	Per year (X12): \$
Welfare benefits: AFDC/ADC or TANF	Per month: \$	Per year (X12): \$
Supplemental Security Income (SSI)	Per month: \$	Per year (X12): \$
Social Security benefits	Per month: \$	Per year (X12): \$
Veteran's benefits--specify type: _____	Per month: \$	Per year (X12): \$
Unemployment compensation	Per month: \$	Per year (X12): \$
Disability Benefits other than Social Security	Per month: \$	Per year (X12): \$
Pensions or retirements benefits	Per month: \$	Per year (X12): \$
Workers' compensation	Per month: \$	Per year (X12): \$
Financial Aid refund received	Per month: \$	Per year (X12): \$
Monetary gifts from Family/Friends	Per month: \$	Per year (X12): \$
Other--specify type: _____	Per month: \$	Per year (X12): \$
Total 2021 Income	Per month: \$	Per year (X12): \$

E. Enter the annual amounts from Sections A, B, C & D. Total expenses in Sections A & B must be less than or equal to the total income and resources in Sections C and D.

TOTAL 2021 EXPENSES	
Enter Student/Spouse's Total 2021 Expenses (Section A)	\$
Enter Parent's Total 2021 Expenses (Section B)	\$

TOTAL 2021 INCOME	
Enter Student/Spouse's Total 2021 Income (Section C)	\$
Enter Parent's Total 2021 Income (Section D)	\$

Total 2021 Expenses \$

Total 2021 Income \$

F. Please explain how you and/or your family lived on little or no resources in 2021. Include any information that will help explain how you and/or your family met basic living expenses in 2021.

G. Certification Statement

I declare, under penalty of perjury, that the information on this form is true, complete and accurate to the best of my knowledge. I also understand that additional documentation may be required based on information reported on my FAFSA or this worksheet.

Student Signature _____	Date _____
(See signature instructions in portal)	
Parent/Spouse Signature _____	Date _____
(See signature instructions in portal)	