

STUDENT INCOME TO EXPENSE FORM





A. Student Information

Name ___

____ Student's Identification (ID) Number _____

B. Student/Spouse Income Verification (Do not leave any questions blank)

The income you reported on your 2024-2025 Free Application for Federal Student Aid (FAFSA) does not appear sufficient enough to cover basic living expenses, such as housing, utilities, food, etc. Please list below all the sources and amounts of money received from January 1, 2022 through December 31, 2022. Include untaxed income (e.g., TANF, SSI, Military Living Allowance, disability income, ETC) and earnings or income not reported on a federal or state income tax return (e.g., unemployment income if tax return not filed).

| Source of Income (Annual) | 2022 | 2023 | Required Documentation |
|---|------|------|---|
| Student- earnings from work (include ALL jobs) | \$ | \$ | W-2 form (if received) |
| Spouse, if applicable- earnings from work (include ALL jobs) | \$ | \$ | |
| Social Security benefits | \$ | \$ | 1099 form or letter from Social Security |
| Child support received for all children | \$ | \$ | Copy of divorce decree, court order, garnished pay stub |
| Death benefits | \$ | \$ | Supporting documentation |
| Alimony received | \$ | \$ | Proof of income |
| Other untaxed benefits (such as Workers' Compensation) | \$ | \$ | Supporting documentation |
| Benefits other than listed above | \$ | \$ | Supporting documentation |
| Cash support for any expenses paid on your behalf | \$ | \$ | Signed, itemized letter from benefactor |
| Total Income | \$ | \$ | |

C. Student/Spouse Expense Verification (Do not leave any questions blank)

| Expenses (Annual) | 2022 | 2023 | If expense is covered by funds other than those listed above, please explain the source. |
|---|------|------|---|
| Housing (mortgage/rent) | \$ | \$ | |
| Food | \$ | \$ | |
| Utilities | \$ | \$ | |
| Electricity | \$ | \$ | |
| Gas/oil | \$ | \$ | |
| Water | \$ | \$ | |
| Telephone/cell phone | \$ | \$ | |
| Child support paid | \$ | \$ | |
| Car payment/public transportation costs | \$ | \$ | |
| Auto insurance | \$ | \$ | |
| Medical/dental insurance | \$ | \$ | |
| Home/renter's insurance | \$ | \$ | |
| Total Expenses | \$ | \$ | |

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If your income does not support your expenses listed above, please explain the special circumstances (if any) concerning your financial situation and how you were able to support yourself (you may attach a separate sheet if additional space is needed):

D. Certification and Signatures (required for all persons reporting information above.)

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student must sign and date. Additional documents may still be required.

Student's Signature

Spouse If Applicable (Please Print)

Signature of Spouse

Date

Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

PERSONALLY IDENTIFIABLE INFORMATION