

This form will help supplement the information provided on the **Verification Worksheet**.
Your income entered on the FAFSA falls 50% below Federal Poverty Guidelines for your reported household size.
This form will enable our office to understand how you met your living expenses in 2016.

****PROCESSING OF YOUR AID HAS STOPPED UNTIL THIS FORM IS COMPLETED AND RETURNED****

A. Student Identification

Last Name First Name M.I.

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University ID (UID)

Daytime Student Phone #

Return To:
Office of Financial Aid
130 Student Union
3640 Colonel Glenn Hwy.
Dayton, OH 45435-0001
Phone: (937) 775-4000
FAX: (937) 775-4410

B. Student Income & Expenses – Calendar Year 2016

Complete the following section for you, your spouse, and any dependents in your household. Be sure to give an answer for each space. **Values should be reported for the year**, not monthly. **Do not leave any space blank. Enter "0" if an item does not apply to you.**

2016 Income	Student/Spouse
Wages, Salaries, & Tips (see W-2 or Tax Return)	\$
Expenses or Bills Paid on Your Behalf and Cash Given by Friends or Relatives	\$
Social Security Benefits/Supplemental Security Income	\$
Unemployment Compensation/Workers Compensation	\$
TANF/ADC/AFDC	\$
Food Stamps	\$
Child Support Received	\$
Day Care Assistance (Including WIC)	\$
Refunds (Tax, student loans, etc.)	\$
Savings Used to Pay Expenses (Attach record of account balances for Jan. 2016)	\$
Other (specify): _____	\$
2016 TOTAL INCOME	\$

2016 Expenses	Student/Spouse
Food (Cannot be zero)	\$
*Housing (rent, mortgage, property tax, insurance, maintenance, etc)	\$
**Utilities (cable, cell phone, telephone, natural gas, electric, garbage, etc)	\$
Transportation	\$
Day Care for Children	\$
Personal	\$
Medical/Health Expenses Not Covered by Insurance	\$
Other (specify): _____	\$
2016 TOTAL EXPENSES	\$

*Please include in Part C on the next page whether you 1) Own your home, 2) Rent, 3) live with Relative or Friend. Also indicate if you receive any type of government subsidy or assistance to pay your housing expenses

**Please include in Part C on the next page whether or not you receive any government utility assistance such as PIPP, HEAP, or other sources.

TOTAL EXPENSES SHOULD NOT EXCEED TOTAL INCOME. IF YOUR EXPENSES EXCEED YOUR TOTAL INCOME, PLEASE EXPLAIN IN PART C ON THE NEXT PAGE

Date
Stamp:

