



The Financial Aid Office is in the process of reviewing your verification and has found that additional information is required to determine your eligibility for financial aid.

A. Student Information	
Student's Name: _____	FRC ID: _____

B. Instructions
<p>The 2016 income reported on your 2018-2019 FAFSA appears insufficient to support the number of people in your household (as reported on your FAFSA). Please complete this form to clarify how you were able to live and support your household on such low income in 2016. Be sure to include:</p> <ol style="list-style-type: none"> 1. All monthly costs from January 1, 2016 through December 31, 2016, showing the amounts you paid for each expense and the source by which the expense was paid. 2. All income you received in 2016 from any source. Include documentation of wages, SNAP benefits, child support, alimony, Social Security benefits, workers' compensation, monetary gifts from family and/or friends and any other untaxed income. <p>Do not leave any section blank; for items that <u>do not apply</u>, write "0" or "N/A". Use and attach a second piece of paper, if necessary.</p>

Please read carefully before completing Section C – If you lived with someone (e.g., parents, grandparents, relative, or friend) who paid for your expenses you must list the amount you would have had to pay if you were paying the expense, as well as, list the name and relationship of who paid the expense.

C. 2016 Total Expenses	Monthly Expenses	Who Pays for / Name of Provider
1) Housing (Rent/Mortgage)		
2) Utilities (Electric, Gas & Water)		
3) Food		
4) Telephone		
5) Medical/Dental/Vision		
6) Child Care Expenses Paid		
7) Transportation (car payment, insurance, maintenance)		
8) Child Support/Alimony Paid		
9) Total Monthly Expenses = (Add lines 1-8)		
10) Total Annual Expenses = (Line 9 x 12)		



D. 2016 Total Income	Student's Monthly Income	Spouse's Monthly Income (if married)
1) Wages from employment		
2) Worker's Compensation / Unemployment Benefits		
3) Child Support / Alimony Received (circle which applies)		
4) Social Security Income / Social Security Benefits (circle which applies)		
5) SNAP Benefits (formerly food stamps)		
6) AFDC / TANF (circle which applies)		
7) Monetary Gifts from family and/or friends		
8) Other Untaxed Income: _____ (provide source)		
9) Total Monthly Income = (Add lines 1-8)		
10) Total Annual Income = (Line 9 x 12)		

E. Total Income versus Total Expenses	Amount
1) Total Annual Income for 2016 (list amount on line 10 from Section D)	
2) Total Annual Expenses for 2016 (list amount on line 10 from Section C)	
Total Annual Income minus Total Annual Expenses = (Line 1 – Line 2)	

F. Total Expenses/Total Income Questionnaire

If the total 2016 expenses are more than the total 2016 income, please explain how the living expenses were paid:

If the total living expenses equal "0", you must explain how you lived with no expenses:

Please briefly explain how your family is currently meeting its financial obligations:

G. Certification and Signatures – Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student whose information was reported on the FAFSA must sign and date. Warning! If you purposely give false or misleading information you may be fined, sentenced to jail, or both.

Student Signature: _____ Date _____

Spouse Signature: _____ Date _____

(optional)

This worksheet must be signed and dated to be valid. Electronic and/or digital signatures are not valid.

For Office Use Only	
<input type="checkbox"/> Reviewed & Verified	<input type="checkbox"/> Incomplete – Missing Documentation:
Comment(s):	
Processed By:	Date: