

2020-2021 Income/Expense Statement

Student's Last Name _____ Student's First Name _____ Student's M.I. _____ Stevenson University I.D. # _____

Student's Home Phone Number (include area code) _____ Student's Date of Birth _____

Applicants who reported little or no income for the 2018 year are required to provide the Financial Aid Department with additional information to explain how basic living expenses were met from January 1 through December 31, 2018. Please provide additional information to assist the Department in understanding your situation. **Your verification process will be further delayed if this form is incomplete.**

Student (and spouse, if married) expenses:				
Monthly living expense	Cost/month	Months paid	Name of person who paid the bill or expense	Relationship to student (ex: mom, dad, grandparent, etc.)
Food/groceries				
Housing: Rent, mortgage				
Utilities: Gas, electricity water, phone, cable				
Transportation: Public, car payments, gas, insurance				
Child care				
Miscellaneous: Clothes, entertainment				
In 2018, did you or your spouse receive any of the following? If yes, provide supporting documentation	Social Security benefits __Yes __No	Cash support, TANF, AFDC, etc. __Yes __No	SNAP (food stamps) __Yes __No	Child support received __Yes __No

Parent expenses: (complete this section if parent information was required on the FAFSA application)				
Monthly living expense	Cost/month	Months paid	Name of person who paid the bill or expense	Relationship to student (ex: mom, dad, grandparent, etc.)
Food/groceries				
Housing: Rent, mortgage				
Utilities: Gas, electricity water, phone, cable				
Transportation: Public, car payments, gas, insurance				
Child care				
Miscellaneous: Clothes, entertainment				
In 2018, did you or your spouse receive any of the following? If yes, provide supporting documentation	Social Security benefits __Yes __No	Cash support, TANF, AFDC, etc. __Yes __No	SNAP (food stamps) __Yes __No	Child support received __Yes __No

Certifications and Signatures:

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

Student's Signature _____ Date _____

Parent's Signature (dependent students only) _____ Date _____

Warning: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Do not mail this worksheet to the U.S. Dept. of Education. Submit this worksheet to the Stevenson Financial Aid Office.