

## 2026-2027 Living Expense Explanation

### Student Information:

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ W00 \_\_\_\_\_  
 Student I.D. \_\_\_\_\_ Phone Number \_\_\_\_\_

I am providing this information for (check one) ☐ Self (student) ☐ Parent

The income reported for your family on your FAFSA and/or non-filer form is extremely low based on your family size. Please use the following space to provide a summary of how your family meets its basic living expenses (housing, food, clothing, utilities, etc.) on a monthly basis, and then use the chart below to list specific financial support received. **THERE MUST BE DOLLAR AMOUNTS LISTED. IF THIS FORM IS SUBMITTED WITHOUT A DOLLAR AMOUNT, IT WILL BE CONSIDERED INCOMPLTE AND RETURNED TO YOU, THE STUDENT.**

**Additional information:** Please provide information about any other resources, benefits, and other amounts received by the student and any members of the student's household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and include such things as federal veterans' education benefits, military housing, SNAP, TANF, etc.

| Name of Recipient | Type of Financial Support                                                                                                                                                                                       | Amount Received in 2024 |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
|                   |                                                                                                                                                                                                                 |                         |
|                   | <input type="checkbox"/> Emergency Rental/Utility Assistance                                                                                                                                                    |                         |
|                   | <input type="checkbox"/> Family Support                                                                                                                                                                         |                         |
|                   | <input type="checkbox"/> Government benefits (type)<br><input type="checkbox"/> SNAP <input type="checkbox"/> SSI <input type="checkbox"/> WIC <input type="checkbox"/> TANF <input type="checkbox"/> Section 8 |                         |
|                   | <input type="checkbox"/> Child Support received                                                                                                                                                                 |                         |
|                   | <input type="checkbox"/> Alimony Received                                                                                                                                                                       |                         |

### Any Additional Comments:

Each person signing this form certifies that all of the information is complete and correct. If dependent, at least one parent must sign. **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Dependent Students Only)