



## 2021-2022 Living Expense Worksheet

You have indicated an unusually low amount of income for you and your family in 2019 on your 2021-2022 FAFSA. We must verify how you were able to live on this amount. Please complete this form and upload to your FA Student Portal by the requested deadline.

Student's Name \_\_\_\_\_

Social Security # \_\_\_\_\_

- A. Please indicate the total expenses you and your spouse paid for in 2019. Each field must be completed. If not applicable, enter "\$0" in the blank. However, all fields cannot equal \$0.

2019 LIVING EXPENSES PAID (ANNUAL)		
STUDENT/SPOUSE		
Housing (Check One) Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with someone rent-free <input type="checkbox"/>	Per month: \$ _____	Per year (X12): \$ _____
Gas/Electric	Per month: \$ _____	Per year (X12): \$ _____
TV/Internet (Cable, Satellite, Streaming Services, etc.)	Per month: \$ _____	Per year (X12): \$ _____
Phone (Cell & Landline)	Per month: \$ _____	Per year (X12): \$ _____
Transportation (Bus Pass, Fuel, Car Note, Insurance, etc.)	Per month: \$ _____	Per year (X12): \$ _____
Food	Per month: \$ _____	Per year (X12): \$ _____
Medical (Prescriptions, Doctor's Visits, etc.)	Per month: \$ _____	Per year (X12): \$ _____
Personal (Clothes, Shoes, Hygiene Items, etc.)	Per month: \$ _____	Per year (X12): \$ _____
Child Care Expenses	Per month: \$ _____	Per year (X12): \$ _____
<b>Total 2019 Expenses</b>	Per month: \$ _____	Per year (X12): \$ _____

- B. If you are a DEPENDENT student, please indicate the total expenses your parent(s) paid for in 2019. Each field must be completed. If not applicable, enter "\$0" in the blank. However, all fields cannot equal \$0. If you're an INDEPENDENT student, move to Section C.

2019 LIVING EXPENSES PAID (ANNUAL)		
PARENT(S)		
Housing (Check One) Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with someone rent-free <input type="checkbox"/>	Per month: \$ _____	Per year (X12): \$ _____
Gas/Electric	Per month: \$ _____	Per year (X12): \$ _____
TV/Internet (Cable, Satellite, Streaming Services, etc.)	Per month: \$ _____	Per year (X12): \$ _____
Phone (Cell & Landline)	Per month: \$ _____	Per year (X12): \$ _____
Transportation (Bus Pass, Fuel, Car Note, Insurance, etc.)	Per month: \$ _____	Per year (X12): \$ _____
Food	Per month: \$ _____	Per year (X12): \$ _____
Medical (Prescriptions, Doctor's Visits, etc.)	Per month: \$ _____	Per year (X12): \$ _____
Personal (Clothes, Shoes, Hygiene Items, etc.)	Per month: \$ _____	Per year (X12): \$ _____
Child Care Expenses	Per month: \$ _____	Per year (X12): \$ _____
<b>Total 2019 Expenses</b>	Per month: \$ _____	Per year (X12): \$ _____



C. Please indicate the total amount of income you and your spouse received in 2019 to meet the expenses indicated on page 1. Each field must be completed. If not applicable, enter "\$0" in the blank. However, all fields cannot equal \$0.

2019 INCOME AND RESOURCES RECEIVED (ANNUAL)		
STUDENT/SPOUSE		
Income earned from work	Per month: \$ _____	Per year (X12): \$ _____
Foreign income earned from work (Convert to U.S. dollars)	Per month: \$ _____	Per year (X12): \$ _____
Child support received for all children	Per month: \$ _____	Per year (X12): \$ _____
Alimony or separate maintenance	Per month: \$ _____	Per year (X12): \$ _____
Food Stamps	Per month: \$ _____	Per year (X12): \$ _____
Welfare benefits: AFDC/ADC or TANF	Per month: \$ _____	Per year (X12): \$ _____
Supplemental Security Income (SSI)	Per month: \$ _____	Per year (X12): \$ _____
Social Security benefits	Per month: \$ _____	Per year (X12): \$ _____
Veteran's benefits--specify type: _____	Per month: \$ _____	Per year (X12): \$ _____
Unemployment compensation	Per month: \$ _____	Per year (X12): \$ _____
Disability Benefits other than Social Security	Per month: \$ _____	Per year (X12): \$ _____
Pensions or retirements benefits	Per month: \$ _____	Per year (X12): \$ _____
Workers' compensation	Per month: \$ _____	Per year (X12): \$ _____
Financial Aid refund received	Per month: \$ _____	Per year (X12): \$ _____
Loans <input type="checkbox"/> Gifts <input type="checkbox"/> Cash Support <input type="checkbox"/> Received From? _____	Per month: \$ _____	Per year (X12): \$ _____
Other--specify type: _____	Per month: \$ _____	Per year (X12): \$ _____
<b>Total 2019 Income</b>	Per month: \$ _____	Per year (X12): \$ _____

D. If you are a DEPENDENT student, please indicate the total amount of income your parent(s) received in 2019 to meet the expenses indicated on page 1. Each field must be completed. If not applicable, enter "\$0" in the blank. However, all fields cannot equal \$0. If you are an INDEPENDENT student, move to Section E.

2019 INCOME AND RESOURCES RECEIVED (ANNUAL)		
PARENT(S)		
Income earned from work	Per month: \$ _____	Per year (X12): \$ _____
Foreign income earned from work (Convert to U.S. dollars)	Per month: \$ _____	Per year (X12): \$ _____
Child support received for all children	Per month: \$ _____	Per year (X12): \$ _____
Alimony or separate maintenance	Per month: \$ _____	Per year (X12): \$ _____
Food Stamps	Per month: \$ _____	Per year (X12): \$ _____
Welfare benefits: AFDC/ADC or TANF	Per month: \$ _____	Per year (X12): \$ _____
Supplemental Security Income (SSI)	Per month: \$ _____	Per year (X12): \$ _____
Social Security benefits	Per month: \$ _____	Per year (X12): \$ _____
Veteran's benefits--specify type: _____	Per month: \$ _____	Per year (X12): \$ _____
Unemployment compensation	Per month: \$ _____	Per year (X12): \$ _____
Disability Benefits other than Social Security	Per month: \$ _____	Per year (X12): \$ _____
Pensions or retirements benefits	Per month: \$ _____	Per year (X12): \$ _____
Workers' compensation	Per month: \$ _____	Per year (X12): \$ _____
Financial Aid refund received	Per month: \$ _____	Per year (X12): \$ _____
Loans <input type="checkbox"/> Gifts <input type="checkbox"/> Cash Support <input type="checkbox"/> Received From? _____	Per month: \$ _____	Per year (X12): \$ _____
Other--specify type: _____	Per month: \$ _____	Per year (X12): \$ _____
<b>Total 2019 Income</b>	Per month: \$ _____	Per year (X12): \$ _____

E. Enter the total amount of expenses and income from Sections A, B, C & D.

EXPENSES	
Enter Total 2019 Expenses in Section A (student)	_____
+	
Enter Total 2019 Expenses in Section B (parent)	_____
Total Expenses	_____

INCOME & RESOURCES	
Enter Total 2019 Income in Section C (student)	_____
+	
Enter Total 2019 Income in Section D (parent)	_____
Total Income	_____

*Total expenses in Sections A & B must be less than or equal to the total income and resources in Sections C and D*

F. Please explain how you and/or your family lived on little or no resources in 2019. Include any information that will help explain how you and/or your family met basic living expenses in 2019.

**G. Certification Statement**

I declare, under penalty of perjury, that the information on this form is true, complete and accurate to the best of my knowledge. I also understand that additional documentation may be required based on information reported on my FAFSA or this worksheet.

Student Signature _____	Date _____
Parent/Spouse Signature _____	Date _____