Dependent - Income & Expense Worksheet 2016-2017

Student Name ____________________________  CCSU ID No. __________________

Parent Name 1 ____________________________  Parent Name 2 __________________

Your FAFSA reported little or no income for your Parents. Therefore, please enter all monthly expenses whether paid by your Parent(s) or by another person or resource (SNAP, TANF, SECTION 8, SSI...etc.) for your Parents in 2015. The office is required to determine how your household was supported in 2015.

- **Rent/Mortgage:**
  o Do your parents receive subsidized housing/section 8 (circle one)? (Yes) or (No)
    If YES, proceed to **Food**
    If NO, please indicate how the rent/mortgage is being paid and how much it is.

Who is the source of the payment: ______________________________ How much per month: ________________

- **Food:**
  o Do your parents receive SNAP (Circle one)? (Yes) or (No)
    If YES, proceed to **Utilities**
    If NO, please indicate how the family’s food is being paid for and the average monthly cost.

Who is the source of the payment: ______________________________ Average monthly cost: ________________

- **Utilities (Heat/Electricity/Cell Phone, etc):**

Who is the source of the payment: ______________________________ Average monthly cost: ________________

If your expenses exceed your reported income, please explain how these costs are covered:

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The information provided correctly reflects my financial situation for 2015. I understand that I may be requested to provide documentation of the above expenses and income sources.

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Student Signature ________________________ Date ______________________

Parent Signature ________________________ Date ______________________