



2016 Family Budget Report (12 Month) – Independent

Student's Name (Last, First, MI)

SSN or HT ID

Student's email address

Student's Phone Number

The information you provided on the FAFSA for your parent(s) reflects a particularly low income based on your family size and income, per the U.S. Department of Health and Human Services guidelines. Therefore, the Office of Financial Aid must ask you to verify how your entire family met living expenses in 2016.

1. Mortgage or rent payment per month: Amount: \$ _____

- Who paid? Student/Spouse
 Someone else gives money to pay
 Allowed to live in someone else's residence for free

2. Utilities (electric, water, heat, phone, cable, etc.) per month: Amount: \$ _____

- Who paid? Student/Spouse
 Someone else gives money to pay
 Allowed to live in someone else's residence for free

3. Food per month: Amount: \$ _____

- Who paid? Student/Spouse
 Someone else gives money to pay (i.e., State, SNAP)
 Allowed to live in someone else's residence for free and eat their food

4. Transportation (car insurance, payment, gas, bus, maintenance, taxes) per month: Amount: \$ _____

- Who paid? Student/Spouse
 Someone else gives money to pay
 Allowed to use someone else's vehicle
 Use public transportation

5. Medical and dental costs per month: Amount: \$ _____

- Who paid? Student/Spouse
 Someone else gives money to pay
 Given free services from _____

6. Clothes, personal expenses, child care and spending money per month: Amount: \$ _____

- Who paid? Student/Spouse
 Someone else gives money to pay

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Provide the name and address of the person, if anyone other than you paid expenses. If you paid expenses, provide an explanation of how expenses were paid and attach documentation.

Name of Individual Who Paid Expenses: _____

Individual's Address: _____

Signature: _____

Date: _____