

You may mail this information to Shawnee State University, Financial Aid Office
 940 Second Street, Portsmouth Ohio, 45662 or fax to 740.351.3435

Student Name _____

Student ID _____

The income reported on your Free Application for Federal Student Aid (FAFSA) does not appear to meet your basic living expenses (i.e. housing, utilities, etc). Additional information is needed to document how your family meets its obligations. Please answer the following questions regarding your monthly expense and income in 2016.

Please complete the expense and income chart listed below. If the answer is "0", write it in the space. Do not leave any blank lines.

Student/Spouse Living Expenses	Average Monthly Expense - 2016
Mortgage or rent	\$
Groceries	\$
Car payment	\$
Gas or transportation	\$
Utilities	\$
Telephone/Cell Phone	\$
Car insurance	\$
Medical/dental	\$
Charge card	\$
Personal (clothes, soap, etc.)	\$
Other payments	\$
Total	\$

Student/Spouse Sources of Income	Average Monthly Income - 2016
Gross wages	\$
Pension	\$
Unemployment	\$
Child support	\$
Social security	\$
Welfare benefits	\$
Worker's compensation	\$
Food stamps	\$
Housing allowance	\$
Veteran's benefits	\$
Support from others	\$
Total	\$

If you were living with someone in 2016 who paid for your living expenses (i.e. housing, food, utilities, etc.) check here _____

Complete the information below to show where and with whom you lived during 2016.

Name _____	Relationship _____	Dates lived with _____
Name _____	Relationship _____	Dates lived with _____

If 2016 monthly expenses exceeded 2016 monthly income, explain how monthly expenses were paid. _____

I hereby certify that the information I have provided is true to the best of my knowledge and acknowledge that making any knowingly false statement to a public official is a crime under Ohio law subject to fines and imprisonment upon conviction.

Student Signature _____

Date _____

Spouse Signature (Optional) _____

Date _____