

Student Name: _____ Student SSN/Regis ID: _____

The income reported on the 2018-2019 Free Application for Federal Student Aid (FAFSA) appears to be insufficient to have supported your household. Please itemize your family income and expenses on this form. If the total expenses on page one exceed the total resources on page two, you must provide an explanation as to how you were able to meet your expenses. This information must be supplied before we can continue to process your financial aid award. This document may be required for Federal Verification.

2016 Annual Family Expenses

DO NOT leave any answer blank. If the answer is zero or not applicable please put a "0" on the line provided.

Rent or Mortgage payments made	\$ _____
Estimated food or board for household members	\$ _____
Utilities (gas, electricity, water, etc)	\$ _____
Health and/or life insurance payments	\$ _____
Car payments/insurance/maintenance	\$ _____
Payments made to a tax deferred pension/savings	\$ _____
U. S. Income tax paid	\$ _____
Child care expenses	\$ _____
Child Support PAID	\$ _____
Alimony PAID	\$ _____
Clothing and/or Entertainment	\$ _____
Other Expenses: itemize below	\$ _____
Expense _____	\$ _____
Expense _____	\$ _____
Expense _____	\$ _____

A. Total Household Expenses for 2016 \$ _____

Student Name:_____ Student SSN/Regis ID:_____

Did the student or will the student file a 2016 Federal Income Tax Return? No____ Yes____

Did the parent or will the parent file a 2016 Federal Income Tax Return? No____ Yes____

If you have filed or will file a 2016 Federal Income Tax Return, you are encouraged to use the IRS Data Retrieval Tool/DRT on the Free Application for Federal Student Aid (FAFSA). If you are unable to use the IRS DRT you may be required to submit 2016 Tax Return Transcripts for Federal Verification Purposes.

Annual Family Resources Received in 2016

Enter zeros where appropriate/not applicable

	Parent:	Student:
Adjusted Gross Income: <i>Tax Filers</i>	\$_____	\$_____
Income from work: <i>Non Tax Filers</i>	\$_____	\$_____
Untaxed IRA distribution	\$_____	\$_____
Untaxed Pension distribution/withdraw	\$_____	\$_____
Tax Exempt Interest	\$_____	\$_____
Veterans non education benefits	\$_____	\$_____
Food Stamps/SNAP Benefits	\$_____	\$____N/A____
AFDC	\$_____	\$____N/A____
Child Support Received for all children	\$_____	\$____N/A____
Housing, food, other living allowances for Military, clergy, and others (include cash payments and cash value of benefits)	\$_____	\$_____
Money received or paid on student's behalf	\$_____	\$____N/A____
Any other untaxed income/or benefits	\$_____	\$_____

B. Total resources received in 2016 \$_____ \$_____

Subtract Total Expenses **A.** \$_____ - **B.** Total resources \$_____ = **C.** \$_____

If resources are less than expenses, please explain how the expenses were met. Attach additional information as needed.

I/we certify that the information on this form is accurate to the best of my/our knowledge. I/we understand that I/we may be asked to provide additional documentation to verify information reported on the FAFSA.

Student Signature_____

Parent Signature_____

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