



**Financial Aid Office
2019-20 MONTHLY EXPENSE STATEMENT**

Student Name: _____

SSN: _____

The following information is for: () Independent Student () Parent of a dependent student

Dear Student/Parent:

The income you reported on your Free Application for Federal Student Aid appears to be unusually low. You reported your total income for the year 2017 as \$_____. Please complete this form to explain how you supported your household in 2017. Page 2 of this form provides space for you to explain/clarify your circumstances. *Note: If you made an error in reporting your income on the FAFSA, contact Ottawa's financial aid office before completing this form.*

Monthly Living Expense	\$ Amount Per Month	Whose name appears on the Statement/Bill (e.g. who "owns" the debt?)	Who is primarily responsible for paying the bill (e.g. whose money is used?)
<u>HOUSING EXPENSES</u>			
Rent/Mortgage	\$_____/mo	_____	_____
Electric & Gas	\$_____/mo	_____	_____
Phone	\$_____/mo	_____	_____
Water	\$_____/mo	_____	_____
All Other	\$_____/mo	_____	_____
<u>TRANSPORTATION EXPENSES</u>			
Car Payment & Insurance	\$_____/mo	_____	_____
Other Transp. Expenses	\$_____/mo	_____	_____
<u>PERSONAL EXPENSES</u>			
Groceries/Supplies	\$_____/mo	_____	_____
Health Insurance	\$_____/mo	_____	_____
Child Care/Elder Care	\$_____/mo	_____	_____
All Other	\$_____/mo	_____	_____
<u>TOTAL MONTHLY EXPENSES</u>	\$_____/mo		

Please list any additional sources of income or assistance that you were not required to report on a 2017 federal tax return (e.g. savings, retirement, pension/annuity, welfare benefits, food stamps):

Type of Income	Monthly Amount of Income
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

You may use the space below for additional comments or explanation:

Student Signature _____ **Date** _____

Parent Signature _____ **Date** _____

Signature(s) of person(s) paying any or all of your expenses:

_____ **Date** _____

_____ **Date** _____

OFFICE USE ONLY

Counselor initials and date: _____