

# Zero or Low Income Clarification Worksheet for Parent of Dependent Student



Student's Name: \_\_\_\_\_

Student ID# \_\_\_\_\_

The income reported on your 2017-2018 FAFSA appears unusually low to support the number of people in the parent's household. Please have your parent complete this form to clarify how your family was able to meet their 2015 expenses.

## Section A: Monthly Expenses

Please list monthly expenses from January 1, 2015 – December 31, 2015  
(Even if paid by someone else on your parent's behalf)

Parent Expense	Total Monthly Amount DO NOT LEAVE ANY QUESTION BLANK
Mortgage or Rent	\$ _____ per month
Groceries (meals/food)	\$ _____ per month
Utilities	\$ _____ per month
Transportation (car payment, gas, transit)	\$ _____ per month
Insurance (medical, automotive)	\$ _____ per month
Medical/dental (not covered by insurance)	\$ _____ per month
Clothing/personal expenses (entertainment, gifts, etc.)	\$ _____ per month
Other payments: List: _____	\$ _____ per month
TOTAL (monthly Expenses)	\$ _____ per month

## Section B: Provide Explanation Statement Below:

If your above mortgage or rent is listed as \$0 and/or if your total expenses listed above exceed your income, please explain in the space below how your expenses are covered. If your expenses are covered by a federal or state benefit (such as social security, TANF, etc.) not listed on the FAFSA or other documents submitted, please provide supporting documentation from the appropriate agency.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Section C: Certification & Signatures

Person's signing this form certify that all of the information reported in it is complete and correct. The parent and student must sign and date.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**WARNING: Per federal regulation if you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**