

Student Rocket Number

Student Last Name

Student First Name

()
Preferred Phone Number



Student Expense and Income Worksheet 2009-10

The income reported on your 2009-2010 Free Application for Federal Student Aid (FAFSA) does not appear sufficient to meet your basic living expenses (i.e., housing, utilities, food, etc.).

In order for the processing of your federal financial aid application to continue, please complete and return this form to the Office of Student Financial Aid.

SECTION ONE:

List all monthly expenses paid by you (and your spouse, if married) in 2008.

2008 Student (and spouse, if married) Expenses	List Average Monthly Amount	Office Use Only
Rent or mortgage payment	\$	\$
Car payment	\$	\$
Car insurance	\$	\$
Car fuel and maintenance	\$	\$
Groceries	\$	\$
Medical, vision, dental insurance	\$	\$
Out of pocket medical expenses	\$	\$
Clothing expenses	\$	\$
Child care expenses	\$	\$
Natural gas bill	\$	\$
Electric bill	\$	\$
Regular telephone bill	\$	\$
Cellular telephone bill	\$	\$
Cable TV bill	\$	\$
Internet provider bill	\$	\$
Recreation/entertainment	\$	\$
Miscellaneous personal expenses	\$	\$
Court ordered child support paid	\$	\$
Other (specify)	\$	\$
Other (specify)	\$	\$
TOTAL 2008 MONTHLY EXPENSES	\$	\$

SECTION TWO:

Did you (or your spouse, if married) earn any income in 2008?

Yes _____

No _____

Did you (or your spouse, if married) receive any 2008 W-2s?

Yes _____

No _____

If "Yes," please provide copies of all of your (and your spouse's, if married) 2008 W-2s, even if you were not required to file a federal income tax return for 2008. If you (and your spouse, if married) did file a federal income tax return for 2008, please provide a signed copy of that document and copies of all 2008 W-2s.

Student Rocket Number

Student Last Name

Student First Name

SECTION THREE:

You may have additional resources other than earnings from employment. If so, some types of resources must be considered when determining your federal financial aid eligibility. List below monthly amounts for all forms of additional resources received by you (and your spouse, if married) in 2008.

2008 Student (and spouse, if married) Income/Resources	List Average Monthly Amount	Office Use Only
Resources from relatives	\$	\$
Resources from boyfriend/girlfriend	\$	\$
Resources from partner/life partner	\$	\$
Unemployment or disability benefits	\$	\$
Child support received	\$	\$
Business, rental, or farm income	\$	\$
Trust fund income	\$	\$
Interest/dividend income	\$	\$
Social security benefits	\$	\$
Public assistance (including TANF)	\$	\$
Subsidized housing income	\$	\$
Food stamps	\$	\$
Veterans' benefits (non-education)	\$	\$
Financial aid refund received in 2008	\$	\$
Other (specify source)	\$	\$
Other (specify source)	\$	\$
TOTAL 2008 MONTHLY INCOME	\$	\$

Please add any clarifying comments regarding your situation that will help with our review. If you listed \$0 total monthly expenses and \$0 total monthly income, you are required to provide an explanation.

SIGN THIS WORKSHEET

By signing this worksheet, I certify that all of the information reported on this worksheet, used to determine eligibility for federal financial aid, is complete and correct. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Signature

Date

**PLEASE RETURN
THIS FORM TO:**

**The University of Toledo
Office of Student Financial Aid
2801 W. Bancroft St., Mail Stop 314
Toledo, OH 43606-3390**

**Phone: 419.530.8700
Fax: 419.530.5835**