LOW INCOME
2011-12 RESOURCE AND EXPENSE REPORT (D)
ST. GREGORY'S UNIVERSITY
FINANCIAL AID SERVICES

Student Name:_____ SSN:_____

While reviewing your application for financial aid, we discovered that the income and other resources your parents reported would normally be considered insufficient to provide support for your family. Therefore, we need your help with some additional information.

Please complete both sections of this form with your parents, sign it, and return it to the Financial Aid Services Office. Please attach supporting documentation for the income you reported. We may request additional information from you or other persons familiar with your situation based on the answers you provide.

PARENT BACKGROUND INFORMATION

Where did you (parent) live in 2010? List address and dates. If you lived with someone who provided support for you at any time during 2010, list the name, address, and phone number of this person, as well as the number of months you lived with him or her.

_____

_____

_____

INCOME for 2010		**EXPENSES for 2010**	
List amount you received in 2010 for each item:		List the amount you spent in 2010 for each item:	
Work Earnings	$_____	Rent/Mortgage	$_____
Pension	$_____	Utilities	$_____
Social Security	$_____	Telephone (land lines & cell)	$_____
Personal Savings	$_____	TV/Internet	$_____
Personal Loans	$_____	Credit Card	$_____
Financial Aid	$_____	Food	$_____
Child Support	$_____	Clothing	$_____
VA Benefits	$_____	Entertainment	$_____
TANF	$_____	Auto Maintenance (gas, oil, etc.)	$_____
Food Stamps	$_____	Car Payments	$_____
Subsidized Housing	$_____	Auto Insurance	$_____
Support received from parents*	$_____	Medical Bills	$_____
Support received from others*	$_____	Health Insurance	$_____
Untaxed Income	$_____	Child Care	$_____
Other	$_____	Child Support Paid	$_____
		Tuition/Fees	$_____
*Please provide a written explanation of the kind of support you received		Books	$_____
		Other School Expenses	$_____
		Other (please list)	$_____
TOTAL	$_____	TOTAL	$_____

CERTIFICATION STATEMENT

All the information I have given is true and accurate to the best of my knowledge. I understand that if I have purposely given false or misleading information I may be fined, be sentenced to jail, or both.

_____ _____

Student Signature Date Parent/Legal Guardian Signature Date