

Expense & Resource Worksheet

KSC Office of Financial Aid / Federal Student Aid Programs

Dependency Status:
 Dependent
 Independent

Student's Name (Last, First, MI)–please print _____

Student ID# _____

Please complete and return this form to our office; your financial aid application will not be processed until this form has been submitted. Attach an additional sheet if you feel that further explanation is necessary.

IF YOU HAVE BEEN MARKED "DEPENDENT" ABOVE:

You must complete the form below with your parent's household's expenses and resources. Both a parent and student signature is required below.

IF YOU HAVE BEEN MARKED "INDEPENDENT" ABOVE:

You must complete the form below with *your* (and your spouse's, if applicable) expenses and resources. Parent signatures are not required.

The income that you reported for your household on the 2011-2012 FAFSA appears to be insufficient to have supported that household. We are requesting that you provide an explanation as to how your family was able to meet its expenses with the resources you reported in order to gather a better understanding of you and/or your family's financial situation.

Household size in 2010: _____

2010 MONTHLY EXPENSES		ANNUAL RESOURCES	
1. Rental/Mortgage Payment	\$	15. Wages	\$
2. Food/Groceries	\$	16. Business Income	\$
3. Household Utilities	\$	17. AFDC/TANF or other welfare	\$
4. Car Payments	\$	18. Social Security Benefits	\$
5. Car Insurance/Maintenance	\$	19. Child Support Received	\$
6. Health Insurance/Medical & Dental Expenses	\$	20. Alimony Received	\$
7. Clothing/Personal Expenses & Entertainment	\$	21. Unemployment Compensation	\$
8. Child Support Paid	\$	22. Gifts of Money / Bills paid on your behalf	\$
9. Miscellaneous (cell phone, gas, etc.)	\$	23. 2010 Financial Aid	\$
10. Miscellaneous	\$	24. Veteran's Benefits	\$
11. Total Monthly Expenses (add boxes 1-10)	\$	25. Housing or other living allowances	\$
12. Box 11 x 12 (months)	\$	26. Total Resources (add boxes 15-25)	\$
13. College Tuition & Fees for 2010	\$	27. Total Yearly Expenses (box 14)	\$
14. Total Yearly Expenses (add boxes 12 + 13)	\$	28. NET AMOUNT (box 26 MINUS box 27)	\$

If the NET AMOUNT (box 28) is negative, your expenses were greater than your resources and an explanation of how you met these expenses is *required* (attach additional sheet if necessary).

(Ex. I received free room and board in exchange for work I performed.)

Please sign and return this worksheet – By signing this worksheet, I (we) certify that all of the information reported to qualify for federal student 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. **Parent signature(s) required for dependent students.**

Student's Signature _____	Date _____	Student's Spouse's Signature _____	Date _____
Mother's (or Step-Mother's) Signature _____	Date _____	Father's (or Step-Father's) Signature _____	Date _____

You must return this worksheet within 30 days of receipt to avoid INACTIVE status.

For more information, visit us online at www.keene.edu/sfs.

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