



2008-2009 DEPENDENT INCOME STATEMENT

Student Name: _____ CSU ID: _____

The income reported on your federal application for financial aid is extremely low and appears to be below minimum levels necessary to meet basic living expenses. Please itemize your income and expenses for 2007 below.

FINANCIAL RESOURCES FOR ENTIRE YEAR 2007 (JANUARY - DECEMBER)

Social Security/Disability	\$ _____	parent	\$ _____	student
Supplemental Security Income (SSI)	\$ _____	parent	\$ _____	student
Food Stamps	\$ _____	parent	\$ _____	student
Free or Reduced Lunch	\$ _____	parent	\$ _____	student
TANF	\$ _____	parent	\$ _____	student
WIC	\$ _____	parent	\$ _____	student
Housing Assistance	\$ _____	parent	\$ _____	student
Utility Allowance	\$ _____	parent	\$ _____	student
Child Support	\$ _____	parent	\$ _____	student
Alimony	\$ _____	parent	Date of divorce _____	

SUPPORT RECEIVED FOR ENTIRE YEAR 2007 (JANUARY - DECEMBER)

List the dollar value of food, shelter, clothing, cash and medical expenses received in 2007.

Support received \$ _____ Received from: _____

Do you receive Medicare, Medicaid or Peach Care benefits? _____ (yes/no)

List the value of bills paid on your behalf by other persons/agencies (church, employer, human service agencies, etc.) in 2007.

Amount received \$ _____ paid by: _____

EXPENSES FOR ENTIRE YEAR 2007 (JANUARY - DECEMBER)

Estimate a typical month's expenses for food, housing, utilities, transportation, medical, clothing, etc.: \$ _____.

I declare that all information on this form is true and correct, and all sources of income/support have been reported to the best of my knowledge. I understand that I am responsible for returning all student financial aid monies received due to inaccurate, false or misleading information provided on this form and/or any other documents submitted, including tax returns and W-2's.

Student Signature Date

Parent Signature Date

Return the form to the Financial Aid Office, Columbus State University, 4225 University Avenue, Columbus, GA 31907-5645