

Culver-Stockton College

Clarification of Income 2012-2013



Student Name: _____ Social Security Number: _____

We have received your FAFSA for the 2012-2013 academic year. The income you reported for 2011 on your federal application is unusually low. In order to document how the household was maintained on this amount of income, please complete this form and return it to our office. **If the item does not apply, leave it blank.**

Student Income from All Sources for 2011

	<u>Amount</u>	<u>FAO Use Only</u>
Income from work	_____	_____
Temporary Assistance to Needy Families (TANF)	_____	_____
Child Support Received	_____	_____
Food Stamps	_____	_____
Section 8 Housing	_____	_____
Women, Infants & Children (WIC)	_____	_____
Other (support received or money paid on your behalf)	_____	_____

Student Expenses for 2011

	<u>Amount</u>	<u>FAO Use Only</u>
With whom did you live with in 2011?	_____	_____
How many months did you live there?	_____	_____
How many people, including yourself, lived in that household?	_____	_____

List below the average monthly living expenses for the household listed above.

<u>Expense</u>	<u>Amount</u>	<u>FAO Use Only</u>
<input type="checkbox"/> Rent/Housing payment	_____	_____
<input type="checkbox"/> Gas (heat)	_____	_____
<input type="checkbox"/> Electricity	_____	_____
<input type="checkbox"/> Water/Trash	_____	_____
<input type="checkbox"/> Telephone/Cellular Phone	_____	_____
<input type="checkbox"/> Cable TV/Satellite	_____	_____
<input type="checkbox"/> Internet	_____	_____

For the following items, did **someone else** provide you support in 2011? If so, check the item, and write in the average amount per month. Otherwise, leave blank.

<u>Expense</u>	<u>Amount</u>	<u>FAO Use Only</u>
<input type="checkbox"/> Food/groceries	_____	_____
<input type="checkbox"/> Dining Out/Takeout	_____	_____
<input type="checkbox"/> Auto Payment	_____	_____
<input type="checkbox"/> Transportation Expenses (gas, oil changes)	_____	_____
<input type="checkbox"/> Auto Insurance	_____	_____
<input type="checkbox"/> Clothing, miscellaneous personal expenses	_____	_____
<input type="checkbox"/> Medical/Dental/vision insurance or payments	_____	_____
<input type="checkbox"/> Entertainment	_____	_____

By signing this worksheet, I/we certify that all information reported on it is complete and correct. If false or misleading information is given, consequences may be rejection of funds, fines, and/or imprisonment.

Student Signature

Date

Parent Signature (dependent student only)

Date