

SECTION 1: STUDENT INFORMATION

Last Name:	First Name:	M.I.	Concordia Student ID:
Home Phone/Cellphone:		Student's Date of Birth:	

After reviewing your FAFSA, the student income appears unusually low. Please complete the information below to provide a better understanding of student's 2016 income and expenses.

Please indicate the average monthly expense for the 2016 year below and how they were covered. **Complete all items – if something does not apply, enter "0."**

SECTION 2: STUDENT'S 2016 MONTHLY EXPENSES

EXPENSE	AVERAGE AMOUNT PER MONTH IN 2016	SOURCE OF PAYMENT (Who/what pays this expense – SSI, pension, significant other, welfare, etc.)
Rent or House Payment	\$	
Utilities (electricity, gas, water, cable, etc.)	\$	
Phone/Cellphone	\$	
Groceries	\$	
Car Payment	\$	
Car Insurance, Gas, Transportation, etc.	\$	
Medical/Dental/Health Insurance	\$	
Personal (clothes, toiletry items, entertainment, etc.)	\$	
Child Care/Daycare Expenses	\$	
Child Support Paid	\$	
Other, please indicate _____	\$	
TOTAL MONTHLY EXPENSES	\$	
TOTAL ANNUAL EXPENSES (total monthly expenses above X 12 months)	\$ _____ Total annual expenses	

SECTION 3: STUDENT'S 2016 MONTHLY INCOME

2016 MONTHLY INCOME	AVERAGE AMOUNT PER MONTH IN 2016 (Complete all items – list "0" if it does not apply)
Wages, salaries, tips	\$
TANF/AFDC/State Assistance/Welfare Payments	\$
Untaxed income (includes Social Security Benefits, disability, child support received, non-educational veteran benefits, foreign income exclusion, etc.)	\$
Pension/Retirement Withdrawals	\$
Unemployment Benefits/Workers' Compensation	\$
Interest/Dividend Income	\$
Alimony	\$
Housing Allowance	\$
Cash Support, please identify who provided cash and their relationship to the student: Name: _____ Relationship: _____	\$
Other, please identify _____	\$
TOTAL MONTHLY INCOME	\$
TOTAL ANNUAL INCOME (total monthly income above X 12 months)	\$ _____ Total annual income

Please complete reverse side.

PLEASE MAKE SURE THIS FORM IS COMPLETE AND SIGNED!

SECTION 4: OTHER ASSISTANCE AND JUSTIFICATION OF INCOME/EXPENSES

1. Please check any of the following assistance you received in 2016:

Subsidized Housing Food Stamps Heating/Fuel Assistance Medical Assistance

2. Compare student's total annual expenses (from Section 2 of first page) to student's total annual income (from Section 3 of first page), if your total 2016 living expenses are greater than your total 2016 student income, please briefly explain the situation and how student's expenses were met below.

Explain your situation below only if expenses exceed income. Otherwise skip to next section below.

SECTION 5: CERTIFICATION AND SIGNATURES

*By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. **Warning: If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail or both.***

Student Name Printed	Concordia Student ID
Student Signature	Date

Return by mail, email or fax to: Concordia College, Financial Aid Office, 901 8th St. S., Moorhead, MN 56562

Email: finaid@cord.edu • FAX: (218) 299-3025 • Phone: (218) 299-3010