

Parent Income & Living Expenses Assessment Form 2023-2024

Student Financial Aid and Scholarships

The income reported for your parent(s) on your Free Application for Federal Student Aid (FAFSA) does not appear sufficient to meet basic living expenses (i.e. housing, utilities, etc.). There may be additional resources (other than earnings from employment) that should have been included on your FAFSA to document how your parent(s) are meeting these living expenses. If so, some types of resources must be considered when determining your federal financial aid eligibility.

	ing your federal financial aid eligib	ility.			
A. STUDENT INFORMA	TION				
Last Name	First Name	M.I.	BGSU ID) Number	
Address (include apt. no.)			Phone N	Number	
ity	State	Zip Code			
B. DETERMINING YOU	R PARENT(S)' FAMILY HOUSE	EHOLD INCOME AND RESOURC	ES		
The student's parent(s) sho	ould answer each of the following q	uestions based on resources receive	ed in 2021 :		
Did you receive free housin	g from a parent, friend, relative or	someone with whom you have a rela	ationship?	□ Yes	□ No
Did you receive food/groceries from a parent, friend, relative or someone with whom you have a relationship?				□ Yes	□ No
Did you receive free child care from a parent, friend, relative or someone with whom you have a relationship?					□ No
in the space provided on t	the next page of this form . Not all	types of income are considered whered by the income reported on the Fa	en determining fin		
2021 Parent	Income/Resources	Monthly Amount From Janua	ry 2021 throug	h Decembei	r 2021

Income from work (gross amount) x 12 =total per year Spouse's income from work (gross amount) 12 total per year X Resources from parents or relatives x 12 =total per year Resources from boyfriend/girlfriend x 12 total per year Resources from partner/life partner x 12 total per year = Unemployment or disability benefits x 12 =total per year Child support received x 12 total per year Business, rental, or farm income X 12 total per year Trust fund income x 12 total per year Interest/dividend income 12 total per year Social Security retirement benefits 12 total per year X Social Security Disability benefits (SSI) x 12 =total per year Public assistance (including TANF) x 12 total per year Free or reduced price lunch for children x 12 total per year Subsidized housing income x 12 total per year Supplemental Nutrition Assistance Program (SNAP) x 12 total per year Veteran's benefits (non-education) x 12 total per year Financial aid refund x 12 total per year Other (specify) x 12 =total per year TOTAL INCOME AND RESOURCES FOR THE ENTIRE YEAR 2021

n	CCII	ID
к	GSU	111):

List all forms of expenses for the 2021 calendar year. If few or no expenses are listed, an explanation IS REQUIRED in the space provided below.

2021 Parent Expenses	Monthly Amount From Janua	nry 2021 through December 2021
Rent or mortgage payment	\$ x 12 =	total per year
Car payment	x 12 =	total per year
Car fuel and maintenance	x 12 =	total per year
Groceries	x 12 =	total per year
Medical, vision, dental insurance	x 12 =	total per year
Out of pocket medical expenses	x 12 =	total per year
Clothing expenses	x 12 =	total per year
Child care expenses	x 12 =	total per year
Natural gas or fuel oil bill	x 12 =	total per year
Electric bill	x 12 =	total per year
Telephone bill	x 12 =	total per year
Cable TV bill	x 12 =	total per year
Internet provider bill	x 12 =	total per year
Recreational/entertainment	x 12 =	total per year
Miscellaneous personal expenses	x 12 =	total per year
Court ordered child support paid	x 12 =	total per year
Other (specify)	x 12 =	total per year
TOTAL LIVING EXPENSES FOR THE ENTIRE		
YEAR 2021	\$	

Please add any clarifying comments regarding your parent(s)' situation that will help with our review. If few or no expenses and/or income are listed an explanation IS REQUIRED . Failure to do so may cause delays in the processing of the student's federal financial aid.					
E SICN THIS WODESHEET					

D. PROVIDE ADDITIONAL INFORMATION - Required if few or no expenses and/or income are listed.

Each person signing this form certifies that all the information reported is complete and accurate. The student and at least one parent must provide a signature and date. If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Date Parent Date

UPLOAD & SUBMIT completed SFA forms at: http://sfa.bgsu.edu/upload

 $\mathbf{0r}$

If you need assistance completing this form, you may contact a financial aid advisor by calling 419-372-2651, M-F, 8:00 am - 5:00 pm.

FAX THIS WORKSHEET TO: 419-372-0404 (allow 2-3 business days to process)

Ask your question online using our secure web portal at: https://sfa.bgsu.edu/asksfa