

BOWLING GREEN STATE UNIVERSITY

Student Financial Aid and Scholarships

Student Income & Living Expenses Assessment Form 2023-2024

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

A. STUDENT INFORMATION

Last Name	First Name	M.I.	BGSU ID Number		
Address (include apt. no.)		Phone Number (include area code)			
City	State	Zip Code			
B. DETERMINING YOUR	FAMILY HOUSEHOLD INCOME	AND RESOURCES			
Answer each of the following	questions based on resources receiv	ved in 2021 :			
Did you receive free housing from a parent, friend, relative or someone with whom you have a relationship?				□ Yes	□ No
Did you receive food/groceries from a parent, friend, relative or someone with whom you have a relationship?					

Did you receive free child care from a parent, friend, relative or someone with whom you have a relationship?

List all forms of income/resources you had during the **2021** calendar year. **If you list little or no income/resources, you are REQUIRED to provide an explanation in the space provided on the next page of this form.** Not all types of income are considered when determining financial aid eligibility. The intent is to establish how you are being supported by the income reported on the FAFSA.

2021 Student Income/Resources	Monthly Amount From January 2021 through December 2021				
Income from work (gross amount)	\$ x 1	12 =	total per year		
Spouse's income from work (gross amount)	x 1	12 =	total per year		
Resources from parents or relatives	x 1	12 =	total per year		
Resources from boyfriend/girlfriend	x 1	12 =	total per year		
Resources from partner/life partner	x 1	12 =	total per year		
Unemployment or disability benefits	x 1	12 =	total per year		
Child support received	x 1	12 =	total per year		
Business, rental, or farm income	x 1	12 =	total per year		
Trust fund income	x 1	12 =	total per year		
Interest/dividend income	x 1	12 =	total per year		
Social Security retirement benefits	x 1	12 =	total per year		
Social Security Disability benefits (SSI)	x 1	12 =	total per year		
Public assistance (including TANF)	x 1	12 =	total per year		
Free or reduced price lunch for children	x 1	12 =	total per year		
Subsidized housing income	x 1	12 =	total per year		
Supplemental Nutrition Assistance Program (SNAP)	x 1	12 =	total per year		
Veteran's benefits (non-education)	x 1	12 =	total per year		
Financial aid refund	x 1	12 =	total per year		
Other (specify)	x 1	12 =	total per year		
TOTAL INCOME AND RESOURCES FOR					
THE ENTIRE YEAR 2021	\$				

C. DETERMINING YOUR FAMILY HOUSEHOLD EXPENSES

List all forms of expenses you had during the **2021** calendar year. **If you list few or no expenses you are REQUIRED to provide an explanation in the space provided below.**

2021 Student Expenses	Monthly Amount	t From	Januar	y 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	\$			

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

Please add any clarifying comments regarding your situation that will help with our review. **If you listed few or no expenses and/or income, you are <u>REQUIRED</u> to provide an explanation.** Failure to do so may cause delays in the processing of your federal financial aid.

E. SIGN THIS WORKSHEET

I understand that signing this form certifies that all the information reported on it is complete and accurate. I also understand that if I purposely give false or misleading information on this worksheet, I may be fined, sentenced to jail, or both.

Student

Date

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

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

QUESTIONS?

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.

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