

CTUDENT INCODMATION

Parent Income & Living Expenses Assessment Form 2021-2022

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.

A. STUDENT INFURM	ATION				
Last Name	First Name	M.I.	BGSU ID	Number	
Address (include apt. no.)			Phone N	lumber	
City	State	Zip Code			
B. DETERMINING YO	UR PARENT(S)' FAMILY HOUSEHO	LD INCOME AND RESOUR	CES		
The student's parent(s) sh	nould answer each of the following quest	ions based on resources receiv	red in 2019 :		
Did you receive free hous	ing from a parent, friend, relative or som	eone with whom you have a re	lationship?	□ Yes	□ No
Did you receive food/groo	ceries from a parent, friend, relative or so	omeone with whom you have a	relationship?	□ Yes	□ No
Did you receive free child	care from a parent, friend, relative or so	meone with whom you have a	relationship?	□ Yes	□ No

List all forms of income/resources for the **2019** calendar year. **If little or no income/resources are listed, an explanation IS REQUIRED 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 the student's family is being supported by the income reported on the FAFSA.

2019 Parent Income/Resources		om January 2019 through mber 2019
Income from work (gross amount)	\$ x 12 =	total per year
Spouse's income from work (gross amount)	x 12 =	total per year
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	x 12 =	total per year
Social Security retirement benefits	x 12 =	total per year
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 2019	\$	

List all forms of expenses for the 2019 calendar year. If few or no expenses are listed, an explanation IS REQUIRED in the space provided below.

2019 Parent Expenses		rom January 2019 through ember 2019
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 2019	\$	

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

	rding your parent(s)' situation that will help with on QUIRED. Failure to do so may cause delays in the	
E. SIGN THIS WORKSHEET		
Each person signing this form certifies th	at all the information reported is complete and acc osely give false or misleading information on this v	

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