



BOWLING GREEN STATE UNIVERSITY

Student Income & Living Expenses Assessment Form 2021-2022

Student Financial Aid and Scholarships

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

Form with fields for Last Name, First Name, M.I., BGSU ID Number, Address, Phone Number, City, State, and Zip Code.

B. DETERMINING YOUR FAMILY HOUSEHOLD INCOME AND RESOURCES

Answer each of the following questions based on resources received in 2019:

- Did you receive free housing from a parent, friend, relative or someone with whom you have a relationship?
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 2019 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.

Table with 2 columns: 2019 Student Income/Resources and Monthly Amount From January 2019 through December 2019. Rows include various income sources like work, spouse, parents, etc., and a total row.

C. DETERMINING YOUR FAMILY HOUSEHOLD EXPENSES

BGSU ID# _____

List all forms of expenses you had during the **2019** calendar year. **If you list few or no expenses you are REQUIRED to provide an explanation in the space provided below.**

2019 Student Expenses	Monthly Amount From January 2019 through December 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 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 REQUIRED 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>

Or

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>