

# INCOME EXPLANATION FORM 2010-2011

**Student's Name (please print)  
Number**

**Social Security**

You have shown insufficient resources for basic living expenses. Please list your monthly 2009 income, and the expenses you paid from this income.

*NOTE: if you are dependent, your parent must complete this form. If you are independent, use student and spouse information only.*

## **INCOME/RESOURCES**

## **2009 Monthly Income/Resources**

Income from work-not reported on a W-2 form.....  
\$ \_\_\_\_\_/Mo.

Income from work-W-2 form(s) received.....\$ \_\_\_\_\_/Mo.

Rental income from properties.....  
\$ \_\_\_\_\_/Mo.

TEA (including child care)..... \$ \_\_\_\_\_/Mo.

Child Support/Alimony.....  
\$ \_\_\_\_\_/Mo.

Social Security Benefits.....  
\$ \_\_\_\_\_/Mo.

Food Stamps.....  
\$ \_\_\_\_\_/Mo.

Subsidized housing.....  
\$ \_\_\_\_\_/Mo.

Pension.....  
\$ \_\_\_\_\_/Mo.

Unemployment.....  
\$ \_\_\_\_\_/Mo.

Workers Compensation.....  
\$ \_\_\_\_\_/Mo.

Military Allowances.....  
\$ \_\_\_\_\_/Mo.

Other Income/Resources: \_\_\_\_\_ \$ \_\_\_\_\_/Mo.  
\_\_\_\_\_ \$ \_\_\_\_\_/Mo.  
\_\_\_\_\_ \$ \_\_\_\_\_/Mo.

If you live with someone who pays for your living expenses (I.e. housing, food, utilities, insurance, etc.), please include the monthly dollar value of this support, even if no money was actually paid to you.

Please explain: \_\_\_\_\_ \$ \_\_\_\_\_/Mo.

**2009 TOTAL MONTHLY INCOME/RESOURCES: ....\$ \_\_\_\_\_/Mo.**

## **MONTHLY EXPENSES**

## **2009 Monthly Expenses**

Rent/Mortgage payment.....  
\$ \_\_\_\_\_/Mo.

Utilities.....

\$ \_\_\_\_\_/Mo.  
 Food.....  
 \$ \_\_\_\_\_/Mo.  
 Automobile:Fuel, repairs, insurance.....  
 \$ \_\_\_\_\_/Mo.  
 Medical/Dental.....  
 \$ \_\_\_\_\_/Mo.  
 Miscellaneous: Day Care, etc.....  
 \$ \_\_\_\_\_/Mo.  
 Other expenses (Please explain): \_\_\_\_\_ \$ \_\_\_\_\_/Mo.  
 \_\_\_\_\_ \$ \_\_\_\_\_/Mo.  
 \_\_\_\_\_ \$ \_\_\_\_\_/Mo.  
**2009 TOTAL MONTHLY EXPENSES.....**  
 \$ \_\_\_\_\_/Mo.

*If you have addition comments about your living expenses or income resources, please attach another sheet.*

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**Signature** **Date**