

2016-2017 Minimal Income Statement for Dependent Students

Student ID Number: _____ Email: _____

 Student's Full Legal Name: _____ , _____ Middle
 (Please print clearly) Last First

 Parent's Name: _____ , _____
 Last First

A review of your 2016-2017 Free Application for Federal Student Aid (FAFSA) indicates that your parent(s) income from all sources for 2015 appears to be unusually low. Therefore, additional information is required before we can determine your eligibility for student aid. The information you provide will be used to update or correct the information provided on the FAFSA form. If there are differences, our office will submit corrections to the FAFSA electronically.

Section A — Parent Information

1. If your parent(s) received any of the following benefits in 2015, please list the amount(s) that was received each month and the number of months assistance was received.

AFDC/TANF	\$	per month	Number of Months Received	
SSI (disability)	\$	per month	Number of Months Received	
Social Security Benefits	\$	per month	Number of Months Received	

2. Did your parent(s) live with a relative or someone else who provided free room and board in 2015? If yes, please provide the name of the person and their relationship to your parent(s) below.

No Yes

Name _____ Relationship _____

3. Did your parent(s) live in another country in 2015? If yes, please list country below.

No Yes

What country? _____

4. If you answered YES to questions 3, did your parent(s) earn income in the country where they lived in 2015?

No Yes

How much? (Convert the total amount for 2015 to U.S. dollars) \$ _____

5. If you answered YES to question number 4, did your parent(s):

- File a U.S. Federal Tax return to report foreign income? (attach a **signed copy** to this form)
- File an income tax return in another country? (attach a **signed copy** to this form, converted into US dollars)

Student's ID Number _____

Student's Last Name _____

Section B — List of Parent(s) Expenses and Support for 2015

Instructions:

- **COLUMN A:** Write in the monthly expenses from January 1, 2015 through December 31, 2015 for each of the listed expenses. If there were no expenses, you must write "\$0".
- **COLUMN B:** Write how the expense was paid (e.g., individual's name or social security benefits)

PLEASE NOTE: If any of the family's expenses were paid by an individual, it is considered support paid on your behalf and must be reported as untaxed income on the FAFSA. Support includes money received or paid on your behalf (e.g., bills) not reported elsewhere on the FAFSA.

Example: If a friend or relative gave you grocery money, paid your rent or other bills, you must report those payments as untaxed income.

	Column A	Column B
PARENT(S) LIVING EXPENSES	Expenses List the amount per month from 1/1/2015 to 12/31/2015	HOW WAS THIS EXPENSE PAID?
1. Housing (rent/mortgage)	\$	
2. Child Care	\$	
3. Utilities	\$	
4. Credit Card(s)	\$	
5. Medical/Dental	\$	
6. Auto (car payments, insurance, maintenance)	\$	
7. Other Personal Expenses (clothing, groceries)	\$	
8. TOTAL MONTHLY EXPENSES	\$	
9. TOTAL YEARLY EXPENSES (Line 8 x 12 months)	\$	

Section C — Additional Comments

Please use this space to provide any additional information, or explanation of the figures provided above.

If I purposely give false or misleading information on this worksheet, I may receive a fine, a prison sentence, or both. By signing this information request, I am certifying that all information is complete and correct.

Parent Signature _____

Date _____

Electronic signature is not allowed

(Please Note: Email is not always a secure method of communication and may inadvertently expose your information if misdirected. Virginia Tech suggests using fax, U.S. Postal Service or personal delivery as a more secure method of delivery. If you choose to submit information through email, Virginia Tech will not be responsible for any exposure of data.)

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