

2019-2020 Income and Expense Breakdown Dependent Student

Federal Student Aid Programs

Student's Printed Name	Student Soc. Sec. #	Student TIU ID #
Please have the parent fill out the income and expension as possible. Do not leave any blanks; if the		
space below to explain how expenses were met.	mismor is zero, prouse pur que in emper	see are greater than meetine, preuse use the
<u>Parent</u>	Expenses January 2017-December 201	17
	Cost per Month	Paid By/With
Example: Car Maintenance/Gas	\$200	Self
Housing (if \$0 explain below)		
Utilities (if \$0 explain below)		
Food (if \$0 explain below)		
Car Payment/Insurance		
Car Maintenance/Gas		
Child Support/Alimony Paid		
Child Care		
Clothing		
Telephone/Cell Phone		
Medical Expenses/Health Insurance		
Other:		
Total 2017 Monthly Parent Expenses		
*Examples of support include non-cash gifts, uner from an institution, etc. If expenses are greater that	* *	· · · · · · · · · · · · · · · · · · ·
Student's Signature	Data	

Parent Signature _____ Date ____