



**DEPENDENT STUDENT
 MONTHLY INCOME AND RESOURCE STATEMENT**

Student's Name: _____
 Last First

Date of Birth: _____

INSTRUCTIONS

- You must complete ***all applicable sections*** of this form. You are required to complete this form because no income was reported on your FAFSA or the income reported was low.
- IF YOU ENTER "ZEROS" IN ALL OF THE FIELDS BELOW OR YOU PROVIDE INCOMPLETE RESPONSES IN ANY OF THE FIELDS OR SECTIONS BELOW, THIS FORM WILL NOT BE PROCESSED.**

Income/Resources	
2020 Parent(s) Monthly Income/Resources	Monthly Income/Resources
Income from Work (gross amount)	\$
Business Income	\$
Unemployment Compensation (Form 1099-G)	\$
Social Security Benefits (Form 1099)	\$
Supplemental Security Income (SSI)	\$
Child Support Received	\$
Workers Compensation	\$
Disability Benefits	\$
Alimony	\$
Welfare (TANF, GA)	\$
Food Stamps/SNAP	\$
Rental Assistance (Section 8, TRA)	\$
Cash Assistance from family and/or friends	\$
In-Kind Support <i>(Please include any bills paid on your behalf by someone else, but not considered a loan)</i>	\$
Total MONTHLY 2020 Income/Resources	\$
	x 12
Total YEARLY 2020 Income/Resources	\$
EXPLANATION OF SITUATION	
<p><i>Include as much detail as possible about how your family covered all expenses in the calendar year 2020. An explanation is also required if few or no income was reported (For example: if you used savings, line of credit, etc. to meet your expenses).</i></p>	

Both student and parent must sign the back page.

I (We) certify that the information above is correct and complete to the best of my (our) knowledge.

Student's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____