

## PARENTAL CLARIFICATION OF INCOME AND EXPENSES

Student Name:		
Student ID or SS#		
Upon reviewing the Financial Aid Areported income information for further explanation. Please list the for <b>parent(s)</b> .		
	Income (Yearly)	
AFDC/ADC Child Support Social Security General Relief Food Stamps Section 8 Housing Supplement Support Received from other Persons Name of Person/Group Value of Bills Paid by Other Persons Name of Person/Group Any Other Income Total	\$	Relationship
Room/Rent/Mortgage Board (Food) Utilities Telephone Clothing Insurance (Health, Life, Auto, Tenant) Medical Expenses Transportation Household Maintenance Recreation Miscellaneous Total	\$\$	
Parent Signature		Date