

Office of Financial Aid

PARENTAL CLARIFICATION OF INCOME AND EXPENSES

Student Name: _____

Student ID or SS# _____

Upon reviewing the Financial Aid Application for the **2014-15** academic year, the reported income information for _____ requires further explanation. Please list the following YEARLY amounts received/spent in **2013** for **parent(s)**.

Income (Yearly)

| | | |
|---|----------|--------------------|
| SNAP (Food Stamps) | \$ _____ | |
| (Supplemental Nutrition Assistance Program) | | |
| Child Support | \$ _____ | |
| Social Security | \$ _____ | |
| General Relief | \$ _____ | |
| Food Stamps | \$ _____ | |
| Section 8 Housing Supplement | \$ _____ | |
| Support Received from other Persons | \$ _____ | |
| Name of Person/Group | _____ | Relationship _____ |
| Value of Bills Paid by Other Persons | \$ _____ | |
| Name of Person/Group | _____ | Relationship _____ |
| Any Other Income | \$ _____ | |
| Total | \$ _____ | |

Expenses (Yearly)

| | |
|--|----------|
| Room/Rent/Mortgage | \$ _____ |
| Board (Food) | \$ _____ |
| Utilities | \$ _____ |
| Telephone | \$ _____ |
| Clothing | \$ _____ |
| Insurance (Health, Life, Auto, Tenant) | \$ _____ |
| Medical Expenses | \$ _____ |
| Transportation | \$ _____ |
| Household Maintenance | \$ _____ |
| Recreation | \$ _____ |
| Miscellaneous | \$ _____ |
| Total | \$ _____ |

Parent Signature _____

Date _____

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