

The income reported on your 2019–2020 Free Application for Federal Student Aid (FAFSA) appears to be insufficient to meet basic living expenses. The law says that before disbursing financial aid, we may ask you to confirm the information reported on the FAFSA. This purpose of this worksheet is to determine how the basic needs of your household were met during the prior year. Please respond to each item. Indicate “0” (zero) or “N/A” if an item does not apply to you. Your responses must be accurate and verifiable. **Incomplete forms will not be processed.** If you have any questions, contact Financial Aid Services as soon as possible so that your financial aid will not be delayed.

**Please complete this form electronically, and then print, sign and return to Financial Aid Services**

**A. Student’s Information**

		XXX-XX-
Student’s Last Name	Student’s First Name	Student’s M.I.
Student’s Permanent Street Address (include apt. no.)		
City	State	Zip Code
Student’s Home Phone Number (include area code)		
Student’s Email Address		
Student’s Cell Phone Number		

*Before responding below, consider the following definitions:*

An **independent student** is one of the following: at least 24 years old, married, a graduate or professional student, a veteran, a member of the armed forces, an orphan, a ward of the court, someone with legal dependents other than a spouse, an emancipated minor or someone who is homeless or at risk of becoming homeless. A **dependent student** is someone who does not meet any of the criteria for an independent student. For questions regarding your dependency status, please contact the financial aid office at [finaid@moravian.edu](mailto:finaid@moravian.edu) or 610-861-1330.

*Report information below in sections **B. Household Expenses**, **C. Household Resources**, and **D. Other Information** as it applies to your household in 2017.*

Per FAFSA, if you are an **independent student**, answer below as it applies to your household in 2017. *Be sure to include spouse information if you are married.*

Per FAFSA, if you are a **dependent student**, answer below as it applies to your parent(s) household in 2017. *Be sure to report information for your parent as reported on the FAFSA.*

**B. Household Expenses** State the actual (or average) dollar amount paid per month in 2017 next to each expense item.

<u>MONTHLY HOUSEHOLD EXPENSES 2017</u>	<u>AMOUNT PAID PER MONTH</u>
1. Home Mortgage/Rental.....	\$ _____
2. Real Estate Taxes.....	\$ _____
3. Utilities (Phone, gas, heat, electric, water, etc.).....	\$ _____
4. Food and Household Supplies.....	\$ _____
5. Automobile Payments.....	\$ _____
6. Auto Insurance, Gas, Repairs and/or transportation..	\$ _____
7. Educational Expenses (excluding financial aid).....	\$ _____
8. Life and Health Insurance.....	\$ _____
9. Medical Expenses Not Covered By Insurance.....	\$ _____
10. Child Care/Day Care.....	\$ _____
11. Clothing.....	\$ _____
12. Credit Cards.....	\$ _____
13. Miscellaneous.....	\$ _____
<b>TOTAL MONTHLY EXPENSES</b>	<b>\$ _____</b>

### C. Monthly Resource

If the student is an **independent student** and *is not married*, below apply to the student only. If the student is an **independent student** and *is married*, the instructions and certifications below apply to the student and the student's spouse. If the student is a **dependent student**, below apply to each parent included in the household. *Complete this section if the independent student (and spouse if married) or dependent student's parent(s) will not file and are not required to file a 2017 income tax return with the IRS.*

Check the boxes that apply:

<p>In 2017, the <b>independent student</b> (regardless of marital status):</p> <p><input type="checkbox"/> was not employed and had no income earned from work</p> <p><input type="checkbox"/> was employed and had earnings*</p> <p><input type="checkbox"/> received some other type of income/resource*</p>	<p>In 2017, the <b>independent student's</b> spouse (only if married):</p> <p><input type="checkbox"/> was not employed and had no income earned from work</p> <p><input type="checkbox"/> was employed and had earnings*</p> <p><input type="checkbox"/> received some other type of income/resource*</p>	<p>In 2017, one or both of the <b>dependent student's</b> parent(s):</p> <p><input type="checkbox"/> were not employed and had no income earned from work</p> <p><input type="checkbox"/> were employed and had earnings*</p> <p><input type="checkbox"/> received some other type of income/resource*</p>
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\*Please list all income and other resources (by name/type and dollar amount earned) that were used to meet the monthly expenses listed on the previous page. Be sure to list every employer or resource, even if an employer or resource did not issue an IRS W-2 form or other form. For each source for which you have documentation, please provide the document(s) confirming the income/resource and dollar amount. (Examples of acceptable documents: W-2 forms, social security statements (SSI, SSDI), unemployment statements, child support documentation, bank statements, etc.)

Employer's Name or Form of Income	2017 Annual Amount Earned	Document Attached?
<i>Susie's Auto Body or Social Security Disability (example)</i>	<i>\$2,050.00 (example)</i>	<i>Yes(example)</i>

### D. Other Information

If the student was required to provide parent information on the FAFSA, answer each question below as it applies to the student's parent(s) whose information is on the FAFSA. If the student was not required to provide parent information on the FAFSA, answer each question below as it applies to the student (and the student's spouse, *only if married*).

1. \_\_\_\_\_ YES/NO Are/were any of your expenses on the previous page paid by another person? If YES, please explain below:

\_\_\_\_\_

2. \_\_\_\_\_ YES/NO Are/were you residing with or supported by another person (e.g., your parent, relative, friend, boyfriend, girlfriend, etc.)? If YES, please explain below:

\_\_\_\_\_

### E. Certification and Signatures

Each person signing below certifies that all of the information reported is complete and correct.

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sent to prison, or both.**

\_\_\_\_\_  
Student Signature (**signature required**)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (*if dependent student*) OR Spouse Signature (*if independent and married*)

\_\_\_\_\_  
Date