



The income reported on your (or your student's) 2018–2019 Free Application for Federal Student Aid (FAFSA) appears to be insufficient to meet basic living expenses. The law says that before awarding 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. Your responses must be accurate and verifiable. **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, if married). Indicate "0" (zero) or "N/A" if an item does not apply to you. **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 (Colonial Hall, 1st Floor).

### A. Student's Information

<div style="text-align: right; margin-bottom: 5px;"><u>XXX-XX-</u></div> <div style="text-align: right;">Last 4 digits of Social Security Number</div>		
Student's Last Name	Student's First Name	Student's M.I.
<hr/>		
Student's Permanent Street Address (include apt. no.)		
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City	State	Zip Code
<hr/>		
Student's Home Phone Number (include area code)		
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Student's Date of Birth		
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Student's Email Address		
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Student's Cell Phone Number		
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### B. Household Expenses

State the actual (or average) dollar amount paid per month in 2016 next to each expense item.

<u>MONTHLY HOUSEHOLD EXPENSES 2016</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 Resources** Please list all income and other resources (by name/type and dollar amount) that were used to meet the monthly expenses listed on the previous page. **For each source, provide documentation confirming the income/resource and dollar amount.** (Examples of acceptable documents: W-2 forms, social security statements, unemployment statements, child support documentation, bank statements, etc.)

Employer's Name or Form of Income	2016 Annual Amount Earned	IRS W-2 Attached?
<i>Ex. Susie's Auto Body or Social Security Disability</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, if married).

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

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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:

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**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's Signature (*Required*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Spouse's Signature (*Optional*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (*If student was required to report parent information on the FAFSA*)

\_\_\_\_\_  
Date

**Return to:**

*Office of Financial Aid Services, Moravian College, 1200 Main Street, Bethlehem, PA 18018-6650  
FAX: 610-861-1346*