

STUDENT'S NAME: _____ SSN _____
 Last First MI

TTU FINANCIAL AID OFFICE
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2014-2015 Minimal Income Statement
Dependent Student

A REVIEW OF YOUR 2014-2015 FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) INDICATES THAT YOUR TOTAL INCOME FROM ALL SOURCES FOR 2013 APPEARS TO BE UNUSUALLY LOW. THEREFORE ADDITIONAL INFORMATION IS REQUIRED BEFORE THE OFFICE OF FINANCIAL AID SERVICES CAN DETERMINE YOUR ELIGIBILITY FOR STUDENT AID.

Please complete this form, including all necessary signatures and return it to: **TTU Financial Aid Office**
1815 Union Avenue, Chattanooga, TN 37404 or by FAX **423-493-4471** or **423-493-4497**. If you need help, visit our office in the Temple Building or contact us at 423-493-4100 or via email at financialaid@tntemple.edu
Do not leave any items blank. Incomplete and/or improperly signed forms will be returned to the student for completion.

If you are a *dependent student* your **PARENTS** must complete, sign, mail, scan or fax this form to our office. If you need more space to write, please attach additional pages.

Section I
Monthly Living Expenses

Did the parent(s) live with a relative or someone else who provided free room and board in 2013?
 No
 Yes: Name: _____
 Relationship: _____
 Is the parent listed on the lease/mortgage? Yes No

Next to each item, fill in the dollar amount of your family's average monthly living expenses for 2013. Fill in all items. If an item does not apply, indicate this by writing "N/A".

LIVING EXPENSES THE PARENT(S) PAID IN 2013:	Average Amount per month in 2013
1. Home mortgage/rent (Do not include insurance, property tax or mortgage on rental properties.)	\$ _____
2. Food and household supplies	\$ _____
3. Clothing	\$ _____
4. Utilities (gas, electric, phone, water, heating)	\$ _____
5. Gasoline and auto maintenance	\$ _____
6. Medical/health expenses NOT covered by insurance	\$ _____
7. Insurance (home, car, health, life, etc.)	\$ _____
8. Car payments	\$ _____
9. Child care	\$ _____
10. Other _____	\$ _____
TOTAL MONTHLY LIVING EXPENSES	\$ _____ per month

PLEASE MAKE SURE THE STUDENT'S NAME AND SSN ARE ON ALL DOCUMENTS

Student's Name: _____

SSN _____

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**Section II
Sources of Income**

Please list all sources of income that are used to meet the living expenses you listed on the front side. Do not use income used to meet business or rental property expenses.

SOURCE OF INCOME	Average amount Per month in 2013
Father's wages/salary (provide W-2)	\$ _____
Mother's wages/salary (provide W-2)	\$ _____
Savings	\$ _____
Gifts from family members	\$ _____
Unemployment or Disability benefits	\$ _____
Social Security benefits	\$ _____
Other: _____	\$ _____
TOTAL MONTHLY INCOME	\$ _____ per month

Section III

If Section III is not complete, this form will not be accepted.

Please provide a brief explanation for how the parent(s) were supported financially in 2013 (Include additional sheet if necessary)

Please list any bill in your name that someone else paid for the parent.

Bill Paid For You	Monthly Amount Paid	Who Paid

CERTIFICATION

I certify that the information above is true and correct to the best of my knowledge.

Parent signature

Date

Parent's name (please print)

PLEASE MAKE SURE THE STUDENT'S NAME AND SSN ARE ON ALL DOCUMENTS