

STUDENT'S NAME: \_\_\_\_\_ SSN \_\_\_\_\_  
Last First

**TTU FINANCIAL AID OFFICE**  
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**2014-2015 Minimal Income Statement**  
**Independent 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](mailto:financialaid@tntemple.edu)  
**Do not leave any items blank. Incomplete and/or improperly signed forms will be returned to the student for completion.**

You are an *independent student*; you 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 you live with a relative or someone else who provided free room and board in 2013?

- No  
 Yes: Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Are you listed on the lease/mortgage?  Yes  No

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

LIVING EXPENSES YOU 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 _____	\$ _____
<b>TOTAL MONTHLY LIVING EXPENSES</b>	<b>\$ _____ per month</b>

**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. List all sources of income received in 2013.

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

**Section III**

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

Please provide a brief explanation for how you were supported financially in 2013. (Include additional sheet if necessary)

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

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.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

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