



**Office of Financial Aid**

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## CONFIRMATION OF LIVING EXPENSES & INCOME 2020-21

Student's Name: \_\_\_\_\_ ID: \_\_\_\_\_

The U.S. Department of Education has recommended that we obtain additional income/resource information on families who have reported incomes at or below the federal poverty level based on the number of people in the household.

Please provide information requested below using expenses and sources of incomes from the 2019 calendar year. **If some or all of the housing, food, health care or child care was paid for with public assistance, only write in the amount that you or your parent paid and place a check mark in the "Paid For with Public Assistance" column.**

ANNUAL EXPENSES FOR 2019	STUDENT INFORMATION	PARENT INFORMATION (DEPENDENT STUDENTS ONLY)	✓ IF PAID FOR WITH PUBLIC ASSISTANCE
Housing (mortgage or rent)	\$	\$	
Food	\$	\$	
Utilities (gas, electricity, etc.)	\$	\$	
Medical/Dental (Not covered by Insurance)	\$	\$	
Health Insurance	\$	\$	
Child Care	\$	\$	
Car Payment	\$	\$	
Auto Insurance	\$	\$	
Miscellaneous Expenses (gas, movies, etc.)	\$	\$	
Other Expenses	\$	\$	
<b>Total Expenses</b>	\$	\$	

**Please explain how the expenses listed above are paid.** List sources and amounts paid by each source.

INCOME/RESOURCES FOR 2019	STUDENT INFORMATION	PARENT INFO (DEPENDENT STUDENTS ONLY)
Work	\$	\$
Supplemental Assistance for Needy Families (SNAP)	\$	\$
Social Security / Retirement Income / Disability	\$	\$
Other Sources of Income (explain below)	\$	\$
<b>Total Income</b>	\$	\$

I (we) certify that the information given on this form is accurate and true. I (we) understand that giving false or incomplete information may result in the loss of financial aid eligibility.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

*(dependent students only)*