



Means of Support and Obligations Form

Student Name: _____

ID: _____

You reported unusually low earnings to support yourself and your dependents. Please complete the information below to explain your means of support and expenses.

Do you have income? (please check one) Yes No

If you checked YES, describe your sources of income and amounts (i.e. employment, odd jobs, other income): _____

If you checked NO, describe your sources of support (government assistance, cash support, child support received, financial aid received, other income): _____

Include a dollar amount for any of the below expenses you are required to pay
(please indicate costs by month):

Expense	Examples	Cost	Amount You Paid
Housing	Rent or Mortgage	\$	\$
Food	Groceries, meal plans, etc.	\$	\$
Personal Expenses	Clothes, toiletries, etc.	\$	\$
Utilities	Water, Electric, Phone, Cable, etc.	\$	\$
Vehicle Costs	Payments, Insurance, Gas, etc.	\$	\$
Insurance	Health, home, etc.	\$	\$
Other Obligations	Credit card debt, child care, etc.	\$	\$

By signing this worksheet, I certify that all the information reported on it is complete and correct.

Signature

Date