



**Financial Aid Office**  
**2022-2023 MONTHLY EXPENSE STATEMENT**

Student Name: \_\_\_\_\_

SSN: \_\_\_\_\_

The following information is for: ( ) Independent Student ( ) Parent of a dependent student

Dear Student/Parent:

The income you reported on your Free Application for Federal Student Aid appears to be unusually low. You reported your total income for the year 2020 as \$\_\_\_\_\_. Please complete this form to explain how you supported your household in 2020. Page 2 of this form provides space for you to explain/clarify your circumstances. *Note: If you made an error in reporting your income on the FAFSA, contact Ottawa's financial aid office before completing this form.*

Monthly Living Expense	\$ Amount Per Month	Whose name appears on the Statement/Bill (e.g. who "owns" the debt?)	Who is primarily responsible for paying the bill (e.g. whose money is used?)
<b><u>HOUSING EXPENSES</u></b>			
Rent/Mortgage	\$_____/mo	_____	_____
Electric & Gas	\$_____/mo	_____	_____
Phone	\$_____/mo	_____	_____
Water	\$_____/mo	_____	_____
All Other	\$_____/mo	_____	_____
<b><u>TRANSPORTATION EXPENSES</u></b>			
Car Payment &	\$_____/mo	_____	_____
Insurance			
Other Transp. Expenses	\$_____/mo	_____	_____
<b><u>PERSONAL EXPENSES</u></b>			
Groceries/Supplies	\$_____/mo	_____	_____
Health Insurance	\$_____/mo	_____	_____
Child Care/Elder Care	\$_____/mo	_____	_____
All Other	\$_____/mo	_____	_____
<b><u>TOTAL MONTHLY EXPENSES</u></b>	\$_____/mo		

Please list any additional sources of income or assistance that you were not required to report on a 2020 federal tax return (e.g. savings, retirement, pension/annuity, welfare benefits, food stamps):

Type of Income	Monthly Amount of Income
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

You may use the space below for additional comments or explanation:

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature(s) of person(s) paying any or all of your expenses:**

\_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ **Date** \_\_\_\_\_

**OFFICE USE ONLY**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Counselor initials and date:** \_\_\_\_\_