



18HHEX

Financial Aid Office Parker Hall Carrollton, Georgia 30118-4600

2017-2018 Household Expenses/Benefits Summary

Student Name:	UWG ID#
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The income reported on your FAFSA (Federal Application for Federal Student Aid) appears to be insufficient to support your household size. **Independent students** and **parents of dependent students** are required to complete this form in its entirety to clarify how living expenses are <u>currently</u> being met. If you cannot determine these amounts, we will use the poverty guideline levels as reported in the Federal Register based on the number in the household. **UWG may submit updates or corrections to your FAFSA to reflect information on this form.**

Please read the following information before completing this form:

- Each chart is a statement of MONTHLY amounts.
- Enter an AMOUNT for the expenses if someone **outside of your household** provides housing such as rent, utilities and/or food. You will write the amount of their support for each item.
- Enter ZERO for the expenses if someone **within your household** provides housing such as rent, utilities and/or food. If you are living with someone that provides these expenses, you will write \$0 for the amount.
- If you do not have an expense for an item, please write "NONE."
- Transportation includes car payments, gasoline, bus fare, etc.
- Personal expenses include things such as haircuts, clothing, dining out, movies, etc.
- Miscellaneous expenses include monthly expenses that are not listed elsewhere on this form.
- When reporting child support, Social Security, TANF, VA, Medicaid, or SSI benefits, report the current total monthly amount received for <u>ALL</u> family members in the household.
- If someone is providing you with housing, please note this under "Explanation of how living expenses are met."

Monthly Expenses	Amount
Rent/Mortgage	\$
Utilities	\$
Groceries	\$
Phone (Cell/ Landline)	\$
Child Care	\$
Transportation	\$
Insurance (Car/Health)	\$
Personal	\$
Miscellaneous	\$
	\$
Total Expenses	\$

Monthly Benefits	Amount
Income from Work	\$
Child Support/Alimony	\$
TANF	\$
Food Stamps	\$
Social Security/Disability	\$
VA Benefits	\$
Medicaid	\$
Workers' Compensation	\$
Family Members/ Others	\$
Other Income	\$
Total Benefits	\$

Explanation of how living expenses are met:	
ELECTRONICALLY GENERATED SIGNATURES	S CAN NOT BE ACCEPTED.
Student Signature:	Date:
Parent Signature (if dependent):	Date:

Please allow 24-48 hours for documents to be posted on Banweb and/or to confirm receipt.