

Murray State College

2016-2017 V6 Resource and Expense Statement

Name: _____ SS# _____

While reviewing the information you submitted to us on your Student Aid Report, we have discovered that the income and other resources you and/or your spouse and/or your parents reported would normally not be considered enough to provide support for you and/or your family. We need your help in identifying any additional means by which basic living expenses were covered in 2015. Please complete, sign and return this form to the Financial Aid office.

| <u>Student/Spouse</u> | <u>Resources (Annual) for 2015</u> | <u>Parent(s)</u> |
|-----------------------|--|------------------|
| \$ _____ | Earnings from Work | \$ _____ |
| \$ _____ | Personal Savings | \$ _____ |
| \$ _____ | Personal Loans Received | \$ _____ |
| \$ _____ | Value of Personal Investments | \$ _____ |
| \$ _____ | Social Security Received | \$ _____ |
| \$ _____ | Financial Aid Received | \$ _____ |
| \$ _____ | Veteran's Benefits Received | \$ _____ |
| \$ _____ | Welfare (including TANF) Benefits | \$ _____ |
| \$ _____ | Food Stamps | \$ _____ |
| \$ _____ | Housing Assistance | \$ _____ |
| \$ _____ | Child Support Received | \$ _____ |
| \$ _____ | Cash or Gifts of Living Expenses | \$ _____ |
| \$ _____ | Other | \$ _____ |
| \$ _____ | TOTAL | \$ _____ |
| | | |
| | <u>Expenses (Annual) for 2015</u> | |
| \$ _____ | Rent or Mortgage Payments | \$ _____ |
| \$ _____ | Utilities | \$ _____ |
| \$ _____ | Food | \$ _____ |
| \$ _____ | Clothing | \$ _____ |
| \$ _____ | Household and Misc. Expenses | \$ _____ |
| \$ _____ | Auto Maintenance (gas, oil, repairs, etc.) | \$ _____ |
| \$ _____ | Automobile Payments | \$ _____ |
| \$ _____ | Automobile Insurance | \$ _____ |
| \$ _____ | Medical Bills | \$ _____ |
| \$ _____ | Health and Life Insurance | \$ _____ |
| \$ _____ | Child Care Paid | \$ _____ |
| \$ _____ | Tuition and Books for School | \$ _____ |
| \$ _____ | Other School Expenses | \$ _____ |
| \$ _____ | Other Personal Expenses | \$ _____ |
| \$ _____ | TOTAL | \$ _____ |

Provide detailed explanation here and indicate if any of your expenses were covered by someone else. If so, specify your relationship to that person: _____

Certification Statement

The information I have provided is true and accurate. I understand that if I give false or misleading information I may be fined, incarcerated, or both.

Student Signature _____ Date _____

Parent Signature _____ Date _____