



**Parent Income Documentation**

Please print.

Student's Name: \_\_\_\_\_ Student's Social Security #: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

**Income From All Sources for 2014**

**Expected Income From All Sources for 2015**

Attach a signed copy of your 2014 federal tax return.

\$ \_\_\_\_\_ Income from work

\$ \_\_\_\_\_ Interest income

\$ \_\_\_\_\_ Unemployment benefits

\$ \_\_\_\_\_ Gifts (provide source of gift)

\$ \_\_\_\_\_ Untaxed/Other (explain)

\$ \_\_\_\_\_ Disability and medical benefits

\$ \_\_\_\_\_ VA benefits

\$ \_\_\_\_\_ Social Security income

\$ \_\_\_\_\_ Pension/retirement

\$ \_\_\_\_\_ Supplemental security income

\$ \_\_\_\_\_ Other government benefits

\$ \_\_\_\_\_ Income from work

\$ \_\_\_\_\_ Interest income

\$ \_\_\_\_\_ Unemployment benefits

\$ \_\_\_\_\_ Gifts (provide source of gift)

\$ \_\_\_\_\_ Untaxed/Other (explain)

\$ \_\_\_\_\_ Disability and medical benefits

\$ \_\_\_\_\_ VA benefits

\$ \_\_\_\_\_ Social Security income

\$ \_\_\_\_\_ Pension/retirement

\$ \_\_\_\_\_ Supplemental security income

\$ \_\_\_\_\_ Other government benefits

WIC  Yes  No

WIC  Yes  No

SNAP  Yes  No

SNAP  Yes  No

Free or reduced lunch  Yes  No

Free or reduced lunch  Yes  No

Temporary Assistance for needy families (TANF)  Yes  No

Temporary Assistance for needy families (TANF)  Yes  No

\$ \_\_\_\_\_ **Total Income\***

\$ \_\_\_\_\_ **Total Income\***

\* Total income for the year should generally be at least \$6,062 for each household member. It is not reasonable to expect that a person could live on less than that amount.

**Expenses per month**

\$ \_\_\_\_\_ Rent/Housing payment (include copy of lease)\*

\$ \_\_\_\_\_ Utilities

\$ \_\_\_\_\_ Electricity

\$ \_\_\_\_\_ Gas

\$ \_\_\_\_\_ Water/Garbage

\$ \_\_\_\_\_ Telephone/Cell

\$ \_\_\_\_\_ Cable TV

\$ \_\_\_\_\_ Internet Provider

\$ \_\_\_\_\_ Food (including grocery and eating out)

\$ \_\_\_\_\_ Transportation (car payment, auto insurance, gas and oil)

\$ \_\_\_\_\_ Medical/Dental/Vision insurance or payments

\$ \_\_\_\_\_ Education/Childcare

\$ \_\_\_\_\_ Clothing

\$ \_\_\_\_\_ Personal

\$ \_\_\_\_\_ Entertainment

\$ \_\_\_\_\_ Gifts

\$ \_\_\_\_\_ Other

\$ \_\_\_\_\_ **Total per month times 12 months = \$ \_\_\_\_\_ Total yearly expenses**

\* If you do not pay for rent or housing, please explain your living arrangements

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**I certify that all the information provided is true and correct.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_