

Student Name	ID #
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Please complete form in blue or black ink. Incomplete forms will not be accepted.

A review of your Free Application for Federal Student Aid (FAFSA) shows that the resources you reported seem to be insufficient to pay for basic living expenses. In order to fully understand your family's financial situation, please complete both sections of this form **using amounts from the 2015 calendar year**. If any item does not apply, enter "N/A" for Not Applicable, or enter "0" where an amount is being requested. **Please do not leave any items blank.**

Section I: 2015 Untaxed Income

STUDENT and/or Spouse

PARENT(s) dependent student

\$	Untaxed Social Security benefits, SS disability, or SSI.	\$
\$	Payments to tax-deferred pension and retirement savings plans. <i>(See W2 box 12a through 12d with codes D, E, F, G, H and S.)</i>	\$
\$	IRA deductions/payments made to SEP, SIMPLE, or Keogh plans.	\$
\$	Tax exempt interest income from IRS Form 1040.	\$
\$	Untaxed portions of pensions or IRA distributions received.	\$
\$	Tribal or other educational allowance.	\$
\$	Veteran's Non-Educational Benefits. <i>(ex. Disability, Death Pension, DIC, and VA Educational Work-Study allowances)</i>	\$
\$	Housing/food/other living allowances paid to members of the Military, clergy, and others. Source of funds: _____	\$
\$	Child Support received for 2015. Payer: _____	\$
\$	Other untaxed income not reported elsewhere. <i>(ex. Workers' compensation, disability, etc.)</i> Source of funds: _____	\$
\$	Money received or paid on your behalf not reported elsewhere.	\$

Section II: In-Kind Support

In 2015, did you and/or your family live with someone who provided you with room and board or paid your expenses for room and board (i.e., mortgage payment, rent, utilities)? No Yes

If Yes, please list the name of the provider and your relationship: _____

If Yes, did this provider continue to provide support to you and/or your family in 2016? No Yes

Did you include an amount on your FAFSA for "in-kind" support for 2015? No Yes, \$ _____

"In-kind" support is non-monetary support such as free housing or groceries received from someone else.

Please provide information below about any other resources, benefits, and other amounts received by you and any members of your household to demonstrate how you and/or your family paid for your basic living expenses in 2015 and continued to pay for those expenses in 2016. Please list the sources that pay each expense. Include income you received that you were not required to report on the FAFSA, such as untaxed Social Security, SSI, Welfare Benefits, WIC, TANF, SNAP (Bridge Card), etc.

Basic Living Expenses	Actual Annual Expenses 2015	Actual Annual Expenses 2016	*Source of Funds or Provider of Support
Housing Expenses			
Food <i>Exp. \$50 wk. x 52 wk.=\$2600 yr.</i>			
Transportation			
Medical and Dental Expense			
Other: _____			

By signing this form, you are certifying that all of the information reported is complete and correct.

Student Signature: _____ Date: _____

Student's Spouse Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

RETURN FORM TO:
 Lake Superior State University
 Financial Aid Office
 650 West Easterday Avenue
 Sault Ste. Marie, MI 49783-1699
 Phone: 906-635-2678
 Fax: 906-635-6669 finaid@lssu.edu

Internal use **ONLY**
 Reviewed: _____
 Scanned: _____

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.