

## 2018-2019 Expense Statement & Household Resources

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

**PARENT'S NAME (for dependent students under the age of 24):** \_\_\_\_\_

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. So that we can fully understand your family's financial situation, please provide information below about any other resources, benefits, and other amounts received by you and any members of your household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and include such things as veterans benefits, military housing, SNAP, TANF, etc.

1. 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: \_\_\_\_\_

2. Did you include an amount on your FAFSA for "in-kind" support? \_\_\_\_ No \_\_\_\_ Yes, \$ \_\_\_\_\_  
*"In-kind" support is non-monetary support such as free housing or groceries received from someone else.*

3. Please complete the worksheet below to demonstrate how you and/or your family paid for your basic living expenses last year and will continue to pay for those expenses in 2018:

Basic Living Expenses	Actual Expenses 2017	2018 Estimated Expenses	*Source of Funds or Provider of Support
<b>Housing Expenses</b> (rent, mortgage payments, utilities): Monthly Rate \$ ____ x 12			
<b>Food:</b> Estimate Weekly Rate \$ ____ x 52			
<b>Transportation</b> (gas, repairs, car payment, insurance)			
<b>Medical and Dental Expense</b> (Indicate whether you used parent's insurance, uninsured, or Medicaid)			
<b>Daycare for:</b> _____			
<b>Other Expenses:</b> _____			

*\*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.***

I/We certify that the information listed is a complete and accurate breakdown of our estimated expenses. I/We further certify that if any of the above information changes, the Financial Aid Office will be notified in writing of the changes immediately.

Student Signature: _____	Date: _____
Parent Signature(Dependent Student): _____	Date: _____

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 PLEASE DO NOT WRITE BELOW THIS LINE

**Total of Estimated In-Kind Support for 2018 \$** \_\_\_\_\_  
**Evaluated by** \_\_\_\_\_

### 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**  
**Email: [finaid@lssu.edu](mailto:finaid@lssu.edu)**

Internal use **ONLY**

Reviewed: \_\_\_\_\_

Scanned: \_\_\_\_\_

EXPNS-V7