

**2009-2010**

# Minimal Income Statement

A review of your financial aid application indicates that an income of \$\_\_\_\_\_ was reported for

- You, the student (and your spouse, if you are married)     Your Parent(s)

To clarify how **you/your parents** lived on your 2008 income, we ask that you complete **ALL** of the information requested on this form.

## A. Student Information

Student's Name \_\_\_\_\_

Student's ID \_\_\_\_\_

Were TANF (welfare) or Social Security benefits received in 2008?     Yes     No

Please check (✓) the benefit. Circle the reason for the Social Security benefit.

- TANF     SSI Title 16 "needs-based" benefit = 65 and older, disability or blind  
 SSE (SSD, SSDI or RSDI) Title 2 benefit based on the length of time and amount paid in F.I.C.A. payroll taxes = survivor, disability or retirement

If yes, list the program name \_\_\_\_\_

Who received it? \_\_\_\_\_

How much was received per month in 2008? \_\_\_\_\_ Number of months received in 2008? \_\_\_\_\_

If you have recently moved to the United States, please indicate your date of arrival \_\_\_\_/\_\_\_\_/\_\_\_\_

If you were deployed in 2008/2009, please enter the dates here \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

## B. List of the expenses and assistance for 2008

Please list the monthly expenses, the monthly amount of expense paid on your/your parents behalf, and the source of support for the 2008 expenses listed below. While it may be difficult to determine some of these figures, it is necessary to provide us with the most accurate information. If the home is owned (you no longer have a mortgage), please indicate that under who provided the assistance column below.

Living expenses for 2008	Monthly expenses	Monthly amount of assistance received	Who provided the assistance? (i.e. social services, friend/relative, etc.)
i.e., Housing	\$ 400	\$ 300	HOUSING ASSIST.
Housing (rent/mortgage)	\$	\$	
Child care	\$	\$	
Utilities    electricity, telephone, heating, water and garbage	\$	\$	
Insurances    medical, life, car, home (if not already included in mortgage)	\$	\$	
Medical/dental (if on Medicaid, enter zero)	\$	\$	
Transportation    bus, subway, car, etc., gas, payments, maintenance	\$	\$	
Food, clothing, etc.	\$	\$	
Other personal expenses	\$	\$	
Office use only			

*over please*

Please fill in amounts for all that apply:

In order to pay bills in 2008

you/your spouse/your parents used: Savings \$\_\_\_\_\_ Trust Fund \$\_\_\_\_\_ Credit Card \$\_\_\_\_\_  
Excess Financial Aid \$\_\_\_\_\_ Unemployment \$\_\_\_\_\_ Other \$\_\_\_\_\_  
Received support from another person, i.e. alimony \$\_\_\_\_\_  
GI Bill \$\_\_\_\_\_ Untaxed combat pay \$\_\_\_\_\_

How many adults are in the home that would share the rent? \_\_\_\_\_

If you/your parents are living with someone, does that person pay your/your parents' portion of the bills (i.e., rent, food, etc.)?

Yes  No

Identify that person (boyfriend, girlfriend, parent, sibling, etc.) \_\_\_\_\_

How much is your/your parents' portion of the bills per month? \$\_\_\_\_\_

How many months was this paid on your/your parents' behalf in 2008? \_\_\_\_\_

Please identify what you/your parents did in lieu of paying those expenses (i.e., household chores, grocery shopping, mowing or raking the lawn, shoveling, etc.) \_\_\_\_\_

Additional comments \_\_\_\_\_

Please complete, sign and return this form to the Office of Student Financial Services WITHIN 7 DAYS. If you have questions as to how to complete this form, please call Mary at 701-231-8398 for assistance. Thank you for your cooperation and prompt response. Your financial aid will be on hold until all information is received and your application has been verified.

By signing this worksheet, I certify that all the information reported is true and accurate.

Student signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_