

Student Rocket Number

Student Last Name

Student First Name

()
Preferred Phone Number



**Parent Expense and
Income Worksheet
2009-10**

The income reported on your 2009-2010 Free Application for Federal Student Aid (FAFSA) does not appear sufficient to meet your basic living expenses (i.e., housing, utilities, food, etc.).

In order for the processing of your federal financial aid application to continue, please complete and return this form to the Office of Student Financial Aid.

SECTION ONE:

List all monthly expenses paid by your parent(s)/step-parent in 2008.

2008 Parent (and step-parent, if applicable) Expenses	List Average Monthly Amount	Office Use Only
Rent or mortgage payment	\$	\$
Car payment	\$	\$
Car insurance	\$	\$
Car fuel and maintenance	\$	\$
Groceries	\$	\$
Medical, vision, dental insurance	\$	\$
Out of pocket medical expenses	\$	\$
Clothing expenses	\$	\$
Child care expenses	\$	\$
Natural gas bill	\$	\$
Electric bill	\$	\$
Regular telephone bill	\$	\$
Cellular telephone bill	\$	\$
Cable TV bill	\$	\$
Internet provider bill	\$	\$
Recreation/entertainment	\$	\$
Miscellaneous personal expenses	\$	\$
Court ordered child support paid	\$	\$
Other (specify)	\$	\$
Other (specify)	\$	\$
TOTAL 2008 MONTHLY EXPENSES	\$	\$

SECTION TWO:

Did your parent(s)/step-parent earn any income in 2008? Yes _____ No _____
Did your parent(s)/step-parent receive any 2008 W-2s? Yes _____ No _____

If "Yes," please provide copies of all parent/step-parent 2008 W-2s, even if they were not required to file a federal income tax return for 2008. If your parent(s)/step-parent did file a federal income tax return for 2008, please provide a signed copy of that document and copies of all 2008 W-2s.

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SECTION THREE:

Your parent(s)/step-parent may have additional resources other than earnings from employment. If so, some types of resources must be considered when determining your federal financial aid eligibility. List below monthly amounts for all forms of additional resources received by your parent(s)/step-parent in 2008.

2008 Parent (and step-parent, if applicable) Income/Resources	List Average Monthly Amount	Office Use Only
Resources from relatives	\$	\$
Resources from boyfriend/girlfriend	\$	\$
Resources from partner/life partner	\$	\$
Unemployment or disability benefits	\$	\$
Child support received	\$	\$
Business, rental, or farm income	\$	\$
Trust fund income	\$	\$
Interest/dividend income	\$	\$
Social security benefits	\$	\$
Public assistance (including TANF)	\$	\$
Subsidized housing income	\$	\$
Food stamps	\$	\$
Veterans' benefits (non-education)	\$	\$
Financial aid refund received in 2008	\$	\$
Other (specify source)	\$	\$
Other (specify source)	\$	\$
TOTAL 2008 MONTHLY INCOME	\$	\$

Please add any clarifying comments regarding your situation that will help with our review. If you listed \$0 total monthly expenses and \$0 total monthly income, you are required to provide an explanation.

SIGN THIS WORKSHEET

By signing this worksheet, I certify that all of the information reported on this worksheet, used to determine eligibility for federal financial aid, is complete and correct. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Parent Signature

Date

Student Signature

Date

**PLEASE RETURN
THIS FORM TO:**

**The University of Toledo
Office of Student Financial Aid
2801 W. Bancroft St., Mail Stop 314
Toledo, OH 43606-3390**

**Phone: 419.530.8700
Fax: 419.530.5835**