



## 2024-2025 MONTHLY EXPENSE STATEMENT

Student Name: \_\_\_\_\_

SSN: \_\_\_\_\_

The following information is for:     Independent Student             Parent of a dependent student

Dear Student/Parent:

The income you reported on your Free Application for Federal Student Aid appears to be unusually low. You reported your total income for the year 2022 as \$ \_\_\_\_\_. Please complete this form to explain how you supported your household in 2022. Page 2 of this form provides space for you to explain/clarify your circumstances.

*Note: If you made an error in reporting your income on the FAFSA, contact Ottawa's financial aid office before completing this form.*

Monthly Living Expense	\$ Amount Per Month	Whose name appears on the Statement/Bill (e.g. who "owns" the debt?)	Who is primarily responsible for paying the bill (e.g. whose money is used?)
<b><u>HOUSING EXPENSES</u></b>			
Rent/Mortgage	\$ _____ /mo	_____	_____
Electric & Gas	\$ _____ /mo	_____	_____
Phone	\$ _____ /mo	_____	_____
Water	\$ _____ /mo	_____	_____
All Other	\$ _____ /mo	_____	_____
<b><u>TRANSPORTATION EXPENSES</u></b>			
Car Payment & Insurance	\$ _____ /mo	_____	_____
Other Transp. Expenses	\$ _____ /mo	_____	_____
<b><u>PERSONAL EXPENSES</u></b>			
Groceries/Supplies	\$ _____ /mo	_____	_____
Health Insurance	\$ _____ /mo	_____	_____
Child Care/Elder Care	\$ _____ /mo	_____	_____
All Other	\$ _____ /mo	_____	_____
<b><u>TOTAL MONTHLY EXPENSES</u></b>	<b>\$ _____ /mo</b>		

Please list any additional sources of income or assistance that you were not required to report on a 2022 federal tax return (e.g. savings, retirement, pension/annuity, welfare benefits, food stamps):

Type of Income	Monthly Amount of Income
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

You may use the space below for additional comments or explanation:

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature(s) of person(s) paying any or all of your expenses:

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

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Counselor initials and date: \_\_\_\_\_

