

## 2025-2026 MONTHLY EXPENSE STATEMENT

Student Name:			
SSN:			
The following inform	nation is for: (	() Independent Student () P	arent of a dependent student
Dear Student/Parent:			
The income you report	ed on your Free Ap	oplication for Federal Student Aid app	pears to be unusually low. You reported
your total income for th	ne year 2023 as \$_	Please complete	this form to explain how you supported
your household in 2023	3. Page 2 of this fo	orm provides space for you to explain	clarify your circumstances.
Note: If you made an error	in reporting your incon	ne 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?)
HOUSING EXPENSES		the debt.)	money is usea.
Rent/Mortgage	\$/mo		
Electric & Gas	\$/mo		
Phone	\$/mo		
Water	\$/mo		
All Other	\$/mo		
TRANSPORTATION EXPE	<u>NSES</u>		
Car Payment & Insurance	\$/mo		
Other Transp. Expenses	\$/mo		
PERSONAL EXPENSES			
Groceries/Supplies	\$/mo		
Health Insurance	\$/mo		
Child Care/Elder Care	\$/mo		
All Other	\$/mo		
TOTAL MONTHLY EXPENSES	\$ /mo		

Please list any additional sources of income or assistance that you were not required to report on a 2023 federal tax return (e.g. savings, retirement, pension/annuity, welfare benefits, food stamps):

Type of Income	Monthly Amount of Incom	ie
	\$	
	\$	
	<u> </u>	
You may use the space below for additiona	l comments or explanation:	
Tournay use the space below for additional	comments of explanation.	
Student Signature	Date	
Parent Signature	Date	<del></del>
Signature(s) of person(s) paying any or a	ll of your expenses:	
	Date	
	Date	
	OFFICE USE ONLY	
Counselor initials and date:		