



FRIENDS
UNIVERSITY
Office of Financial Aid

Financial Aid
Dependent Income/Expense
Documentation
2024-2025

N00

Student's Last Name	First Name	Student ID
	@student.friends.edu	()
E-mail Address (Friends Financial Aid will only respond to your student email)	Phone Number	

In reviewing your application for federal assistance, we have found that you/your spouse, or you/your (step) parent, indicated having a dependent (other than your/their own child or a spouse) who live with you and receive more than half of their support from you. To verify that you are providing over half of that individuals support, please complete the following. You may be asked to provide additional documentation, if necessary. ***Must Complete Entire Form* If not applicable, enter 0.**

Name of Dependent: _____

DEPENDENT'S MONTHLY INCOME/RESOURCES

Employment	\$	Child Support	\$
Social Security/Disability	\$	Veteran's Benefits	\$
TANF	\$	Support from Family/Friends	\$
SNAP Benefits	\$	Other Income (Please specify):	\$
Unemployment	\$	Other Income (Please specify):	\$

DEPENDENT'S MONTHLY EXPENSES

Monthly expenses are bills/expenses in the above dependents name, or their portion of the monthly bill. Ex: Family rent/mortgage is \$500/mo. The dependent's portion of that is \$250, so \$250 is listed as the amount paid by the dependent and the other \$250 is listed as the amount paid by parent.

EXAMPLE:

Rent/Mortgage	\$500	\$250	\$250 Parent
Daycare	\$400	\$0	\$400 SRS

Monthly Expenses	Dependents Total Monthly Amount	Amount Paid by Dependent	Amount Paid by Other and Their Name
Rent/Mortgage	\$	\$	\$
Utilities (gas, water, electric, etc.)	\$	\$	\$
Food	\$	\$	\$
Car Payment/Transportation	\$	\$	\$
Gasoline	\$	\$	\$
Telephone/Internet	\$	\$	\$
Insurance (auto, health, etc.)	\$	\$	\$
Clothing	\$	\$	\$
Child Care (day care cost)	\$	\$	\$
Personal	\$	\$	\$
Other Expense (Please specify):	\$	\$	\$
Other Expense (Please specify):	\$	\$	\$

By signing this document, I/we certify that all the information reported is complete and accurate.

Student's Signature	Date	Parent (required)/Spouse Signature (optional)	Date
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Typed signatures cannot be accepted.

If you purposely give false or misleading information, you may be fined \$20,000, sentenced to jail or both.