

MISSOURI STATE™ UNIVERSITY
Office of Student Financial Aid

Dependent

2008-2009 Minimal Income Statement – Dependent Student

A review of your 2008-2009 Free Application for Federal Student Aid (FAFSA) indicates that your total income from all sources for 2007 appears to be unusually low. Therefore additional information is required before the Office of Student Financial Aid can determine your eligibility for student aid.

Instructions: Complete all sections of this form, sign, and return to:

The Office of Student Financial Aid
Missouri State University
901 S National Avenue
Springfield, MO 65897

SECTION A – STUDENT INFORMATION

Student's Name: _____ SSN: _____
Last First MI

Address: _____ Phone: _____
Street City State Zip

SECTION B – PARENT INFORMATION

1. Did your parent(s) live with a relative or someone else who provided free room and board in 2007?
 NO
 YES Name: _____
Relationship: _____
2. Did your parent(s) live in another country in 2007?
 NO
 YES What country? _____
3. Did your parent(s) earn income in their home country in 2007?
 NO
 YES How much? \$_____ (Convert the total amount for 2007 in U.S. Dollars)

PLEASE COMPLETE THE REVERSE SIDE →

SECTION C – LIST OF EXPENSES AND SUPPORT FOR 2007

Instructions:

- **Column A:** Write in the monthly charge from January 1, 2007, through December 31, 2007, for each of the listed expenses. If there was no charge, you must write "\$0."
- **Column B:** Write the name of the person who paid this expense.
- **Column C:** Write the amount of support* the person named in column B paid per month from January 1, 2007, through December 31, 2007. If there was no support paid, you must write "\$0."

*Definition of Support: Support includes money, gifts, and loans, plus housing, food, clothing, car payments or expenses, medical and dental care paid for on your behalf.

| | A | B | C |
|-----------------------------------------------------|------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------|
| Expenses | Monthly charge from January 1, 2007, to December 31, 2007 | Name of Person who paid this expense | How much did this person pay per month from January 1, 2007, to December 31, 2007 |
| Housing (rent, mortgage) | \$ | | \$ |
| Child Care | \$ | | \$ |
| Utilities | \$ | | \$ |
| Credit Card(s) | \$ | | \$ |
| Medical/Dental | \$ | | \$ |
| Auto (car payments, insurance, maintenance) | \$ | | \$ |
| Other Personal Expenses (clothing, groceries, etc.) | \$ | | \$ |

SECTION D – ADDITIONAL COMMENTS (Attach a separate sheet if necessary)

Your parent(s) are required to provide an explanation on how they were able to meet their day to day expenses from January 1, 2007, through December 31, 2007.

SECTION E – SIGNATURES

By signing this document, we certify that all information provided on this form is true, accurate, and complete.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____