

Missouri State™
 U N I V E R S I T Y
 Office of Student Financial Aid

2009-10 Minimal Income Statement—Dependent Student

A review of your 2009-2010 Free Application for Federal Student Aid (FAFSA) indicates that your total income from all sources for 2008 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

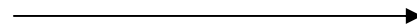
Name (Last) (First) (MI) SSN

Address (Street) (City) (State) (ZIP) Phone

SECTION B – PARENT INFORMATION

- Did your parent(s) live with a relative or someone else who provided free room and board in 2008?
 NO
 YES
 If yes: Name: _____
 Relationship: _____
- Did your parent(s) live in another country in 2008?
 NO
 YES
 If yes: What country? _____
- Did your parent(s) earn income in their home country in 2008?
 NO
 YES
 If yes: How much? \$ _____ (Convert the total amount for 2008 in U.S. Dollars)

PLEASE COMPLETE THE REVERSE SIDE



SECTION C – LIST OF EXPENSES AND SUPPORT FOR 2008

Instructions:

Column A: Provide the monthly charge from January 1, 2008, through December 31, 2008, for each of the listed expenses. If there was no charge, indicate "\$0."

Column B: Provide the name of the person who paid this expense.

Column C: Provide the amount of support* the person named in column B paid per month from January 1, 2008, through December 31, 2008. If there was no support paid, indicate "\$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.

Expenses	A Monthly charge from January 1, 2008, to December 31, 2008	B Name of Person who paid this expense	C How much did this person pay per month from January 1, 2008, to December 31, 2008
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

Your parent(s) are required to provide an explanation on how they were able to meet their day to day expenses from January 1, 2008, through December 31, 2008. **(Attach a separate sheet if necessary)**

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: _____