

2016-2017 Dependent Resource Form

Student Name: _____

Student ID: _____

The information on your FAFSA indicates you may not have sufficient resources to meet basic living expenses. Please complete this form as documentation of how your living expenses were met for 2015. Ensure you complete this form fully or it may be returned to you. We may require additional documentation for any of the information on this form. If you have any questions, please contact the Financial Aid Office at 1 (479) 788-7090.

Income: Please list *all* sources and amounts of 2015 income for yourself and your parent(s); include wages, government benefits, social security, disability, etc.:

Expenses:

2015 Expenses *Even if not in you or your parent's name.	Amount paid per Month *Even if you or your parent did not pay directly.	How is this expense paid (Example: pay check, child support, social security, friend, family member, etc.)
Rent or Mortgage:		
Utilities: Water, Electricity/Gas, etc.		
Food and Groceries:		
Car Payment/Gas/Insurance:		
Medical/Dental Insurance:		
Child Care/Day Care:		
Diapers, Baby Food:		
Personal: clothing, cell phone, entertainment		
TOTAL EXPENSES PAID:		TOTAL INCOME:

Certification:

By signing this form, we certify that all the information reported on this form is complete and correct. At least one parent must sign.

WARNING: If you purposefully give false or misleading information on this form, you may be fined, sentenced to prison, or both.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____