

# 2026-2027

## Household Resource Worksheet

## Financial Aid Services

The income reported on your 2026-27 FAFSA appears insufficient to support the number of people reported in your household. Complete the table below to report your monthly benefits and/or untaxed income.

<b><u>Student Information</u></b>			
_____ Student ID Number	_____ Last Name	_____ First Name	_____ M.I.
_____ Street Address	_____ City	_____ State	_____ Zip
_____ Home Phone	_____ Cell Phone		

If you are a **DEPENDENT** student, complete this form using your parent(s)' income information  
If you are an **INDEPENDENT** student, complete this form using your own (and spouse's) income information.

**Do not leave any items blank. If the answer is zero or not applicable, enter \$0.**

### 2026 Monthly Expenses

### 2026 Monthly Income

Rent/Mortgage Payments	\$	Wages	\$
Food	\$	Unemployment Benefits	\$
Utilities	\$	Social Security	\$
Medical/Dental	\$	Child Support	\$
Clothing	\$	Pension/Retirement Funds	\$
Auto (car payments, insurance, maintenance)	\$	TANF/food stamps/WIC/AFCD Benefits	\$
Recreation	\$	VA Benefits	\$
Other (list singly)	\$	Other (list singly)	\$
	\$		\$
<b>TOTAL EXPENSES</b>	<b>\$</b>	<b>TOTAL INCOME</b>	<b>\$</b>

If your total expenses exceeded your total income, please explain how your expenses were paid.

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\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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