

Return to:

Office of Financial Aid, 25 Hall Street, Concord, NH 03301
 Phone: (603) 513-1392
 Fax: (603) 513-1386
 financial.aid@granite.edu

Last Name	First Name	Middle Initial
GSC Student ID #	Date of Birth	Phone Number

Please Check one: Student and Spouse (if married) Parent

The 2016 income that you reported on your 2018-19 FAFSA appears to be insufficient to have supported your household. Please itemize your sources of monthly income and expenses using the table below. You should include any expenses paid on your behalf by parents, relatives, friends, significant other, etc. as "money paid on your behalf."

Section A: 2016 Total income earned from work: \$ _____ **Attach all copies of 2016 Employee W2's if amount is not zero.**

Section B: Complete the Income/Expense table: If the answer is zero, please record a "0" for each question. **Forms with blanks will be returned as incomplete.**

2016 Monthly Income/Benefits	Amount Per Month	2016 Monthly Expenses	Amount Per Month
Income from Work (gross amount)	\$	Rent/Mortgage	\$
Business Income	\$	Food	\$
Alimony	\$	Utilities (electric, water, gas)	\$
Child Support Received	\$	Transportation (fuel, bus, train)	\$
Fuel Assistance	\$	Telephone/Cell Phone	\$
Gifts	\$	Car Payment	\$
Housing Subsidies/Rental Assistance	\$	Car Insurance	\$
Housing, food, and other living expenses paid to you as a member of the military, clergy, or other	\$	Child Care	\$
Money paid on your behalf	\$	Child Support Paid	\$
SNAP/Food Stamps	\$	Credit Card Expenses	\$
Social Security (Retirement, Survivor, Disability)	\$	Medical/Dental	\$
Supplemental Security Income (SSI)	\$	Personal Expenses	\$
TANF/AFDC/Welfare	\$	Other:	\$
Unemployment Benefits	\$		\$
Veterans Non-Education Benefits	\$		\$
Worker's Compensation	\$		\$
Other Untaxed Income	\$		\$
Total Income/Benefits:	\$	Total Expenses:	\$

Section C: Explanation of situation: Please explain your current living/household situation. Include as much detail as possible about how your family covered housing, utilities, and other living expenses for the calendar year **2016**. An explanation is also required if few or no expenses were listed in Section B. You must explain how you were able to meet your financial obligations if your expenses exceed your income. Attach a separate page/use the back of the form if necessary.

By signing this worksheet, I (we) certify that all of the information reported to qualify for Federal Student Aid is complete and correct.

Student Signature _____ Date _____

Parent/Spouse Signature (if applicable) _____ Date _____