



Hardin-Simmons University

HOUSEHOLD RESOURCES STATEMENT 2018 / 2019

Please print and use ink-- DO NOT LEAVE ANY LINE ON THIS FORM BLANK

Student Name: _____

ID# _____

Parent Name (If Dependent) _____

The **2016** income you reported on your financial aid application does not give our office a clear picture of how expenses were met for the **2016** Calendar year. Please fill out the income and expenses worksheet below. When completed, this worksheet should show how you were able to support yourself and/or your family for **2016**. In all cases, the total yearly Income (**Column B**) must equal or exceed the total of all expenses recorded (**Column A**).

Verification of:

Parent Income

Student (and spouse) Income--If Independent

Expenses	Column A	Income	Column B
Housing	\$	Earnings from all jobs	\$
Food	\$	Unemployment Compensation	\$
Car payment/Insurance	\$	Withdrawals from savings	\$
Car maintenance/Gas	\$	Social Security/Disability Benefits	\$
Utilities/Telephone/Cable	\$	Welfare, AFCD, TANF	\$
Credit Card Payments	\$	Child Support Received	\$
Child Support/Alimony Paid List child(ren)	\$	Alimony/Palimony Received	\$
Clothing	\$	Bills paid by someone else on your behalf (total dollar value)	\$
Entertainment	\$	Cash received from family and/or friends	\$
Child Care	\$	Total Financial Aid received in 2016-2017	\$
Other:	\$	*Support provided by others Please explain below	\$
Other:	\$	*Tribal Benefits received in 2016 (total dollar value)	\$
Other:	\$	*Other: Explain Below	\$
Total 2016 Expenses	\$ (A)	Total 2016 Income	\$ (B)

*Examples of support include food, shelter, clothing, non-cash gifts, etc. Be sure to list the total dollar value of support received in 2016.

If you are the parent, the student, or the spouse, by signing this application you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed form. If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

Student _____ Date: _____ Spouse: _____ Date: _____

If Dependent:

(Step) Father _____ Date: _____ (Step) Mother: _____ Date: _____

Note: If you are a dependent student, you and a parent must sign this form; if you are married, you and your spouse must sign.