

# Minimal Income Statement

A review of your FAFSA indicates that your income appears to be unusually low. Please fill in the chart below and write a brief yet detailed explanation on how you met your living expenses. You may email this form to [financialaid@clarkssummitu.edu](mailto:financialaid@clarkssummitu.edu), fax it to 570.585.9226, or mail it to our address located at the bottom of the page. If you are a dependent student, please have your parents complete this.

Student Name \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_

Living Expenses	Cost Per Month	Support Per Month	Source of Support
Housing	\$	\$	
Food	\$	\$	
Utilities	\$	\$	
Medical/Dental	\$	\$	
Transportation	\$	\$	
Other	\$	\$	
<b>Total</b>	\$	\$	

Did you live with relatives or someone else who provides free room and/or food?

- Yes
- No

Please provide an explanation of how you met your living expenses:

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## Certification

By signing this document, I certify that all information provided is complete and accurate to the best of my knowledge.

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

Parent (required for dependent students) \_\_\_\_\_ Date \_\_\_\_\_

