

AWARD YEAR 2008-2009

DATE _____

STUDENT _____

SS# _____

Dear Financial Aid Applicant:

Your federal financial aid data has been received by this office, however the income reported does not seem sufficient to have supported your family/self for the year. Please indicate on this form your 2007 living expenses and income/resources used to meet them. Parents of dependent students should answer all items below which are shaded, and sign the form. Independent students should answer all items in column one only and sign the form. You may use the back of the form to further explain your circumstances. Return the form to Union University, Office of Student Financial Planning, 1050 Union University Drive, Jackson, TN 38305.

2007 HOUSEHOLD EXPENSES & INCOME FORM

| Living Expenses for 2007 | Student's Household | Parents' Household |
|---|----------------------------|---------------------------|
| Rent/Mortgage (Explain living arrangements if expenses were zero) | per mo | per mo |
| Utilities - Electricity, Gas, Water, Phone, Cable | per mo | per mo |
| Food - Including food purchased with food stamps | per mo | per mo |
| Transportation - Car payment, Insurance, Gasoline, Repairs | per mo | per mo |
| Childcare | per mo | per mo |
| Medical/Dental | for year | for year |
| Tuition, Fees, Books for Spring, Summer, Fall 2007 Terms | | |
| Clothing, Personal, Other (Specify) | for year | for year |
| | | |
| Yearly Income and Resources for 2007 | | |
| Income from employment and other work performed | | |
| Child Support received for all children | | |
| Alimony or separate maintenance | | |
| Welfare benefits including TANF | | |
| Food Stamps | | |
| Social Security Benefits | | |
| Supplemental Security Income (SSI) | | |
| Disability Benefits other than Social Security | | |
| Veteran's Benefits (Specify type) | | |
| Pensions or Retirement Benefits | | |
| Unemployment Compensation | | |
| Worker's Compensation | | |
| Grants, Loans, Scholarships received for Spring, Summer, Fall '07 | | |
| Loans, Gifts, Cash received from individuals (Specify from whom) | | |
| Other (Specify) | | |
| | | |

Student Signature _____ Date _____

Parent Signature _____ Date _____