



AN HONORS UNIVERSITY IN MARYLAND

2016-2017 Income Threshold - Dependent

Student Information

Please print clearly—illegible documents cannot be processed

Student Name: _____ Campus ID: _____

The 2015 income reported on your Free Application for Federal Student Aid (FAFSA) is less than \$10,000. This form must be completed to document the financial support you and/or your family received in 2015.

Table 1: Please report the ANNUAL amount of financial support received from each source during 2015. Include information for student and parent—as applicable.

Income Source	Total Amount Received During 2015	
	Student Information	Parent Information
Earnings from ALL jobs	\$	\$
Unemployment Compensation	\$	\$
Savings Account Withdrawals	\$	\$
Sale of Property, Stocks, Bonds, etc.	\$	\$
Social Security Benefits	\$	\$
Child Support Received	\$	\$
Alimony Received	\$	\$
Financial Aid Excess (refund) for 2015	\$	\$
Other (Please Explain)	\$	\$

Table 2: Please report ANNUAL expenses in 2015 for the categories below. Include expenses for student and parent—as applicable.

List the ANNUAL amount received in 2015	STUDENT	Is the Bill in Your Name?	Who provides the funding to pay this bill?	PARENT	Is the Bill in Your Parent's Name?	Who provides the funding to pay this bill?
Medical Expenses		Yes <input type="radio"/> No <input type="radio"/>			Yes <input type="radio"/> No <input type="radio"/>	
Rent/Mortgage/Utilities		Yes <input type="radio"/> No <input type="radio"/>			Yes <input type="radio"/> No <input type="radio"/>	
Food Expenses		Yes <input type="radio"/> No <input type="radio"/>			Yes <input type="radio"/> No <input type="radio"/>	
Transportation		Yes <input type="radio"/> No <input type="radio"/>			Yes <input type="radio"/> No <input type="radio"/>	
Credit Cards		Yes <input type="radio"/> No <input type="radio"/>			Yes <input type="radio"/> No <input type="radio"/>	
Child Care		Yes <input type="radio"/> No <input type="radio"/>			Yes <input type="radio"/> No <input type="radio"/>	
Other		Yes <input type="radio"/> No <input type="radio"/>			Yes <input type="radio"/> No <input type="radio"/>	
Cell Phone		Yes <input type="radio"/> No <input type="radio"/>			Yes <input type="radio"/> No <input type="radio"/>	

STATEMENT: Provide a statement of how you were able to meet your housing, food, clothing, transportation and other living expenses.

Student Signature _____ Date _____

Parent Signature _____ Date _____