

Please complete all sections using **BLACK INK**.

Student's Last Name _____ First Name _____ M. I. _____ APU ID Number _____

Why are you being asked to complete this form?

The income you (the parent) listed on the FAFSA appears to be insufficient to meet basic living expenses (housing, food, etc.).

The government requires APU to confirm this information to complete your student's application for financial aid.

Time Period: January 1, 2015 - December 31, 2015.

Answer every question: List "0" if it does not apply.

| Income | Amount Received in 2015 | Expenses | Amount Received in 2016 |
|---------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------|-------------------------|
| Parent 1 Wages/Business Income | | Housing | |
| Parent 2 Wages/Business Income | | Food | |
| Interest & Dividend Income | | Utilities | |
| Unemployment Benefits | | Health Insurance | |
| TANF (formerly AFDC) | | Medical/Dental | |
| Social Security | | Car Payments/Insurance | |
| Payments to tax-deferred pension and savings. W-2 Boxes 12a – 12d; codes D, E, F, G, H, and S. (FAFSA Question 94a) | | Clothing | |
| Child Support Received (FAFSA Question 94c) | | Child Support Paid | |
| Housing, food and other living allowances paid to members of the military, clergy and others (FAFSA Question 94g) | | Transportation (gas, repairs, etc.) | |
| Veterans non-education benefits (FAFSA Question 94h) | | Recreation/Entertainment | |
| Other Untaxed Income – Workers' compensation, disability, etc. (FAFSA Question 94i) | | Tithe/Gifts to Charity | |
| Other (Specify) | | Other (Specify) | |
| Other (Specify) | | Other (Specify) | |
| Other (Specify) | | Other (Specify) | |

Total Income: _____

Total Expenses: _____

Explanation Required if total expenses are greater than total income. This is how we met our expenses:

By signing this form, I affirm that all information on this form and on any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment, or both, under provision of the United States Criminal Code.

Parent Signature _____

Date _____