

NAME

Purchase ID

ONE-TIME INCOME
ONE TIME INCOME that you want our office to remove from the FAFSA

\$

TAX PENALTIES If any are applicable

\$

AMOUNT ACTUALLY RECEIVED total income minus any penalties

\$

HOW ONE-TIME INCOME WAS USED

Please detail below how the one-time income was used such that it is no longer available for educational use.

TYPICAL EXPENSES

Please list how much of the one-time income went to any of the typical expenses listed below.

Mortgage	\$
Heat	\$
Electricity	\$
Water & Sewer	\$
Cable & Internet	\$
Cell Phone	\$
Life Insurance	\$
Food	\$
Credit Cards	\$
Transportation	\$

OTHER EXPENSES

Please specify what the expense was and the dollar amount.

	\$
	\$
	\$
	\$
	\$
	\$

TOTAL EXPENSES

\$

SIGNATURES

Each person signing this form certifies that the information reported on it is complete and correct. The student and at least one parent must sign and date. If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.

STUDENT:

Printed Name

Signature

Date

PARENT:

Printed Name

Signature

Date