

NAME

Purchase ID

**ONE-TIME INCOME**

<b>ONE TIME INCOME</b> that you want our office to remove from the FAFSA	\$ _____
<b>TAX PENALTIES</b> - If any are applicable	\$ _____
<b>AMOUNT ACTUALLY RECEIVED</b> - 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.

<b>TYPICAL EXPENSES</b>	
Please list how much of the one-time income went to any of the typical expenses listed below.	
<b>Mortgage</b>	\$ _____
<b>Heat</b>	\$ _____
<b>Electricity</b>	\$ _____
<b>Water &amp; Sewer</b>	\$ _____
<b>Cable &amp; Internet</b>	\$ _____
<b>Cell Phone</b>	\$ _____
<b>Life Insurance</b>	\$ _____
<b>Food</b>	\$ _____
<b>Credit Cards</b>	\$ _____
<b>Transportation</b>	\$ _____

<b>OTHER EXPENSES</b>	
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.

<b>STUDENT:</b>	_____	_____	_____
	Printed Name	Signature	Date
<b>PARENT:</b>	_____	_____	_____
	Printed Name	Signature	Date