

NAME _____

Purchase ID _____

ONE-TIME INCOME IN 2024

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