



1500 College Parkway  
Elko, NV 89801

2015-2016

**INCOME AND EXPENSE**

E-Mail: financial-aid@gbcnv.edu  
Website: www.gbcnv.edu/financial

Phone: (775) 753-2399  
Fax: (775) 753-2390

Student Name (Print): \_\_\_\_\_ SS# or Student ID# \_\_\_\_\_  
Parent Name (Print) \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

The **2014 income** you reported on your **2015-16 Free Application for Federal Student Aid (FAFSA)** appears insufficient to support the number of people in your household. Please **FULLY complete** this form explaining how you were able to provide housing, food utilities, clothing, etc. for your household in **2014**. If parental information was required on the FAFSA, include the total income and resources from the **parent/stepparents** from this household, in the right column.

**Note:** The table below will ask you to compare your income to your expenses. Please include all income even if you did not receive a W2 for it. **Everyone has expenses; you are not allowed to indicate all zeros under the expense column.** At minimum, you should have food and clothing expenses. In addition, include any bills/utilities that are in your name or that you are responsible for paying. When compared side by side, your income amounts should justify how your expenses are being covered.

Student/Spouse (if married) 2014 Annual Amount	<i>Sources and amounts of income in 2014</i>	Parent(s) if dependent 2014 Annual Amount
\$	Earnings from Work (Must Attach W-2)	\$
\$	Social Security/Social Security Disability (SSI)	\$
\$	Veteran Benefits (exclude Non-educational benefits)	\$
\$	Welfare Benefits: TANF/Energy Assistance/SNAP	\$
\$	Child Support Received	\$
\$	Workman's Comp/Unemployment	\$
\$	Disability benefits	\$
\$	Retirement/Pension Income	\$
\$	Investment Income	\$
\$	Other Income: Savings/Alimony received	\$
\$	Financial Aid (include loans)	\$
\$	Support from Relative/Friend/Etc.	\$
<b>Total= \$</b>	<b>TOTAL INCOME</b>	<b>Total= \$</b>
Expenses	Expenses:	Expenses
\$	Rent or Mortgage	\$
\$	Utilities, Internet, Cell/Landline Phones	\$
\$	Food and household products	\$
\$	Car Payment/Registration Fee/Maintenance/Insurance	\$
\$	Clothing	\$
\$	Child Support Paid Out	\$
\$	Child Care	\$
\$	Credit Card Payment/Loan payments	\$
\$	Miscellaneous/Personal Expenses	\$
\$	Other/Recreational	\$
<b>Total= \$</b>	<b>TOTAL EXPENSES</b>	<b>Total= \$</b>
\$	<b>TOTAL INCOME LESS TOTAL EXPENSES (income - expenses)</b>	\$

- Complete page 2 of this form and provide a detailed explanation of your living situation.



## Detailed Explanation of Living Situation

**(Failure to explain your living situation in detail will result in this form being returned, delays in processing, and the possible loss of financial aid)**

If a deficit exists between the Total Income in 2014 and the Total Expenses in 2014, please explain **in detail** how you or parent's met your basic living expenses. **Example:** low income housing (HUD, Rural Housing, Section 8), financial aid, student or private loans, help from family or credit cards. If credit cards, explain how you or parent's met the minimum payments due each month.

- In the calendar year 2014, you lived with (select one)  Parents/Relatives  Off-campus
- In the 2015-16 academic year, you will live with:  Parents/Relatives  Off-campus

Explain where you are currently living at or whom you are currently living with?(Give Dates)

---



---



---

Explain who paid your living expenses for you and your child(ren) if you had no income for 2014?

---



---



---

Explain any other extenuating living circumstances that have changed? (divorce, separation, incarceration etc.) *Provide a copy of court or supporting documentation for divorce decree, separation agreement, or incarceration.*

---



---

### Certification:

I / We hereby certify all information reported on this form and any attachments hereto is true, complete, and accurate.

If I provide false statements or misrepresentation will be cause for denial, reduction of aid, withdrawal, and/or repayment of federal financial aid funds.

***Also, I may be subject to a 10,000 fine, prison sentence, or both if I purposely give false or misleading information to help establish eligibility for federal financial aid.***

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (required for dependent student) \_\_\_\_\_ Date: \_\_\_\_\_

\*Dependent student: Please download an **Authorization to Release Information** form to speak with parent(s). Clarification of income/expense may be required to speak with parent(s).

For Office Use Only

Reviewed by: \_\_\_\_\_