BLUEFIELD UNIVERSITY

Student ID number

2021-2022

Minimal Income Statement for Dependent Students

To accurately evaluate your eligibility for financial aid, our office requires that you provide supplemental documentation of your income and assets reported on your FAFSA. Please complete this form, explaining how you and your parent(s) were able to cover expenses such as housing, food and utilities during **the 2019 calendar year**. The parent information must be completed if you were required to submit parent information on the FAFSA

Name_____
Last First Middle

Address_____
Street Address Apt. # City State Zip Code

Date of Birth _____ Email Address_____

Primary Phone Number _____ Alternate Phone Number _____

SECTION A: INCOME

The form will be returned if you leave a field blank. If the answer is zero enter "0" or "N/A."

Parent(s) 2019 Income	Amount Per Month	Student 2019 Income	Amount Per Month
Income from work (gross amount)		Income from work (gross amount)	
Business income		Business income	
Social Security Benefits		Social Security Benefits	
Unemployment Benefits		Unemployment Benefits	
Child Support		Child Support	
Worker's compensation		Worker's compensation	
Disability Benefits		Disability Benefits	
Alimony		Alimony	
SNAP/Food Stamps		SNAP/Food Stamps	
TANF		TANF	
Rental assistance		Rental assistance	
Cash assistance from family and friends		Cash assistance from family and friends	
Cash received or money paid on your behalf		Cash received or money paid on your behalf	
Other sources		Other sources	
TOTAL INCOME =		TOTAL INCOME =	

Bluefield University Financial Aid Office, 3000 College Avenue, Bluefield, VA 24605
Phone: (276) 326-4215
Fax: (276) 326-4356

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SECTION B: EXPENSES

The form will be returned if you leave a field blank. If the answer is zero enter "0" or "N/A."

2019 Parent Expenses	Amount Per Month	2019 Student Expenses	Amount Per Month
Rent/Mortgage		Rent/Mortgage	
Utilities (electric, water, gas)		Utilities (electric, water, gas)	
Telephone/Cell Phone		Telephone/Cell Phone	
Medical/Dental health insurance		Medical/Dental health insurance	
Car payment		Car payment	
Car insurance		Car insurance	
Food/Groceries		Food/Groceries	
Transportation (fuel, bus, train)		Transportation (fuel, bus, train)	
Child Support		Child Support	
Other expenses		Other expenses	
TOTAL EXPENSES =		TOTAL EXPENSES =	

SECTION C: EXPLANATION OF SITUATION (Required)
Please explain your situation. Include as much detail as possible about how your family covered housing, utilities and other living expenses for **calendar year 2019**. An explanation is also required if few or no expenses were listed in Section B. If you used savings, line of credit, etc. to meet your expenses, attached three consecutive monthly statements from those accounts. *Attach additional pages if necessary.*

_____

SECTION D: CERTIFICATION SIGNATURES
I/We certify that all information reported is complete and accurate to the best of my ability. I/We understand that any false statement or misrepresentation may be cause of reduction and/or repayment of federal, state or institutional financial aid.

Student Signature _____ Date _____

Parent Signature _____ Date _____

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