



**2017-2018  
Budget and Low Income  
Information**

**SSN:** \_\_\_\_\_

Student's Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Information is to be provided by (check one):**

**Independent Student (and spouse, if married)**     **Parent(s) of Dependent Student**

For 2015 you reported you received no income, or a very low income, on your FAFSA. We are required to determine how you were able to meet normal living expenses and the source of taxable or untaxed income to meet those costs. To complete the verification process, you **MUST** complete this form. Please report your current annual income information.

Failure to complete all three sections of this form and provide reasonable explanations WILL delay or prevent the processing of your request for aid.

**Section I. BUDGET COST:**

<u>ITEM</u>	<u>2015 Cost or Value</u>	
	<u>Annual Expense</u>	
Housing/Shelter/Rent	_____	
Food	_____	<b>Snap Benefits <u>Y / N ?</u></b>
Utilities	_____	
Cell Phone	_____	
Transportation (including car	_____	
Gasoline	_____	
Clothing	_____	
Personal Hygiene products	_____	
Entertainment (satellite,	_____	
Medical Bills	_____	
Insurance	_____	
Child Care	_____	
Other Bills ( credit cards payments, etc)	_____	
<b>TOTAL</b>	_____	
<b>Total of above Items</b>	_____	

**Additional Remarks:** \_\_\_\_\_

**Section II. INCOME: List all income received in 2015. Report annual amounts and who provided the assistance.**

Earnings from all jobs regardless of how paid. Include cash income. (If none, enter "0")	_____
Unemployment Compensation (If none, enter "0")	_____
Withdrawals from any savings accounts, retirement plans, etc. (If none, enter "0")	_____
Sale of any property, stocks, bonds, etc. (If none, enter "0")	_____
Welfare or any other government assistance program (If none, enter "0")	_____
Social Security benefits (If none, enter "0")	_____
Child support received (If none, enter "0")	_____
Alimony/Palimony received (If none, enter "0")	_____
Student financial aid (If none, enter "0")	_____
Cash received from family, friends, etc. (If none, enter "0")	_____
Benefits paid on your behalf (insurance, rent, car expense, medical expense, etc. - If none, enter "0")	_____
<b>TOTAL:</b>	_____

**Budget and Low Income**

**17/18**

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Budget and Low Income

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If the total of Section II "Income" is less than the total of Section I "Budget Cost," then please provide a brief explanation. \_\_\_\_\_

**Section III. ADDITIONAL INFORMATION:**

1) Indicate where, when, and with whom you lived during the calendar year 2015. If you lived in more than one location, please list all.

Where: (address)	With whom:	Provide Dates:

2) Please list any other people in your household that depend on your support. Include their relationship to you.

Name:	Age:	Relationship:

**Section IV. CERTIFICATION:**

I understand that if I purposely give false or misleading information, I may be fined, sent to prison, or both.

I certify that all information provided on this form is complete and accurate. I understand that the Office of Financial Aid may request additional documentation to verify the above information.

**Note:** *If you are married, both you and your spouse must sign this form. If you are a dependent, then both you the dependent student and parent must sign.*

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

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this completed form to:**

Office of Financial Aid - Dallas Baptist University - 3000 Mountain Creek Pkwy - Dallas, TX 75211  
Please scan, attach, and email to [finaid@dbu.edu](mailto:finaid@dbu.edu) or fax (214)-333-5586.