



**2020-2021 STUDENT INCOME & EXPENSE FORM**

The income you reported on the FAFSA does not appear sufficient to cover basic living expenses (housing, food, etc.) for the number of people listed in the household.

To better understand your financial situation, use this form to provide information about any other resources, benefits, and other amounts received. This may include items that were not required to be reported on the FAFSA or other forms previously submitted to our office – and may include such things as financial aid funds, federal veterans education benefits, military housing, TANF, social security benefits, etc.

The intent is to establish how your family is being supported by the income reported on the FAFSA.

**2020 STUDENT INCOME & RESOURCES**

2020 Student (and Spouse) Income / Resources	Annual Amount (from January 2020 – December 2020)
Unemployment Benefits	\$
<b>Untaxed</b> Social Security Benefits	\$
Social Security Disability Benefits (SSI)	\$
Public Assistance (Including TANF)	\$
Workforce Investment Act (WIA) educational benefits	\$
Free or Reduced Price Lunch for Children	\$
Subsidized Housing Income	\$
Veteran’s Education Benefits (GI Bill, Dependents Education Assistance Program, VEAP Benefits, etc.)	\$
Financial Aid Refund(s) received in 2020	\$
Monetary Support from Others (incl. boyfriend/girlfriend, friends, relatives, etc.). List Name/Relationship and amount.	\$
Other (Specify):	\$
<b>TOTAL 2020 INCOME &amp; RESOURCES</b>	<b>\$</b>

- Did you receive free housing from a friend, relative, or someone with whom you have a relationship?  YES  NO
- Did you receive military housing?  YES  NO
- Did you receive food/groceries from a friend, relative, or someone with whom you have a relationship?  YES  NO
- Did you receive free childcare from a friend, relative, or someone with whom you have a relationship?  YES  NO

**NOTE:** If you listed \$0 in total income & resources, you are REQUIRED to provide an explanation in the space provided on page 2. If additional space is needed, provide a separate page with your name and campus ID at the top of the page.



STUDENT NAME \_\_\_\_\_

STUDENT ID # \_\_\_\_\_

**2020 STUDENT EXPENSES**

2020 Student (and Spouse) Expenses	Annual Amount (from January 2020 – December 2020)
Rent or mortgage payment	\$ _____ x 12 = _____ total per year
Utilities	\$ _____ x 12 = _____ total per year
Food / Groceries	\$ _____ x 12 = _____ total per year
Transportation	\$ _____ x 12 = _____ total per year
Child Care/ Child Support	\$ _____ x 12 = _____ total per year
Medical Insurance / Expenses	\$ _____ x 12 = _____ total per year
Clothing	\$ _____ x 12 = _____ total per year
Other (Specify):	\$ _____ x 12 = _____ total per year
<b>TOTAL 2020 EXPENSES</b>	<b>\$ _____</b>

Please add any clarifying comments regarding your situation that will help with our review. If you listed \$0 in total expenses and/or \$0 in total income, you are REQUIRED to provide an explanation. Attach a separate sheet of paper if necessary (include student's name and campus ID at the top of the page).

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**STUDENT CERTIFICATION**

I certify that that all reported information is complete and accurate to the best of my knowledge. WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Student Phone # \_\_\_\_\_

Email \_\_\_\_\_

**Return this form and supporting documentation to the Cal Maritime Financial Aid Office.  
We do not accept forms by email.**