

## **Parental Household Support Worksheet**

Student Name \_\_\_\_\_\_ Student ID # \_\_\_\_\_

The income reported on the Free Application for Federal Student Aid (FAFSA) appears to be low. Please complete this worksheet to document how you support yourself and the people listed on your FAFSA.

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

What is your current year income? \_\_\_\_\_\_

Attach Documentation from Employer such as: Letter from Employer or Most Recent Pay Stub

Please list amounts per month	Total	Amount Parent Paid	Amount paid by someone else	Amount paid by federal or state benefits
Housing				
Utilities				
Property insurance				
Home repairs/maintenance				
Property tax				
Medical insurance				
Food				
Childcare				
Clothing				
Transportation				
Entertainment				
Total				

Student signature	Date
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Parent signature \_\_\_\_\_ Date \_\_\_\_\_

https://indiana.sharepoint.com/sites/msteams\_01e673-FAO/Shared Documents/FAO/forms/24 - 25 Forms/Verification/Household Support Worksheet Parents.docx