

Student Name: _____

Student # _____

Income Worksheet

University of South Alabama

Meisler Hall, Suite 1200

Mobile, AL 36688-0002

251/460-6231 (Office) 251/460-6517 (Fax) 251/460-6079 (Fax2)

The information provided on this form is that of the: student OR parent

Do you receive any of the following (Check all that apply and provide amounts received where requested):

- Section 8 Housing, HUD, or Income Sensitive Rent Social Security benefits or Social Security Insurance (SSI)
- AFDC/ADC/TANF Food stamps Medicaid WIC
- Disability Benefits per month \$ _____ or per year \$ _____
- Child Support per month \$ _____ or per year \$ _____
- Alimony per month \$ _____ or per year \$ _____

What do family and/or friends pay on your behalf (Check all that apply and provide amounts received):

(DO NOT list your expenses in this section. List **ONLY** the things that are paid for **on your behalf.**)

- Rent per month \$ _____ Child care per month \$ _____
- Food per month \$ _____ Transportation per month \$ _____
- Utilities per month \$ _____ Personal Expenses per month \$ _____
- Other per month \$ _____

This section is mandatory. This form will not be accepted if this section is left blank.

Write a brief explanation of how you (and your family) lived on the income reported on your FAFSA.
