



Seminole State College  
Financial Aid Office  
Resources and Expense Report

Information below refers to the year \_\_\_\_\_ except where noted as current.

Name: \_\_\_\_\_ Student I.D. \_\_\_\_\_

**Section A: Personal**

Where and with whom did you live during the year indicated above?

Where and with whom do you currently live?

What are your parents' names and addresses?

**Section B: Resources**

1. Where did you work during the year indicated above? (List employer, dates, nature of work, and gross income.)

2. List current employer, date of employment, nature of work, and monthly income:

3. Were you married or did you reside with someone who provided support for you at any time during the indicated year? \_\_\_\_\_

If yes, number of months \_\_\_\_\_ and is your source currently employed? \_\_\_\_\_  
List his/her employer or source of income, dates of employment, nature of work, and gross income per month:

4. List the amounts received from any of the following and check if still receiving:

VA benefits \_\_\_\_\_ per month \_\_\_\_\_ still receiving \_\_\_\_\_  
TANF \_\_\_\_\_ per month \_\_\_\_\_ still receiving \_\_\_\_\_  
Social Security \_\_\_\_\_ per month \_\_\_\_\_ still receiving \_\_\_\_\_  
SSI \_\_\_\_\_ per month \_\_\_\_\_ still receiving \_\_\_\_\_  
Child Support Received \_\_\_\_\_ per month \_\_\_\_\_ still receiving \_\_\_\_\_  
(Social Security or SSI that is received by you for a child must be listed.)

5. List any other source of income i.e. food stamps, wic, sooner care, assistance from family or friends:

Source: \_\_\_\_\_ per month \_\_\_\_\_ still receiving \_\_\_\_\_\*  
Source: \_\_\_\_\_ per month \_\_\_\_\_ still receiving \_\_\_\_\_\*  
Source: \_\_\_\_\_ per month \_\_\_\_\_ still receiving \_\_\_\_\_\*

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\*If you are receiving funds from another alternative source, i.e. family or friends please explain in the comment section below and list amounts received and for how long.

Comments you may make to further explain anything on this form.

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**Section C: Expenses**

Rent/Mortgage payment	_____	per month for	_____	months = \$	_____
Utilities	_____	per month for	_____	months = \$	_____
Food	_____	per month for	_____	months = \$	_____
Clothing	_____	per month for	_____	months = \$	_____
Child Care	_____	per month for	_____	months = \$	_____
Child Support Paid	_____	per month for	_____	months = \$	_____
Auto expenses (gas, etc.)	_____	per month for	_____	months = \$	_____
Car payments	_____	per month for	_____	months = \$	_____
Child support paid	_____	per month for	_____	months = \$	_____
Insurance (auto, health, etc.)	_____	per month for	_____	months = \$	_____
Medical expenses	_____	per month for	_____	months = \$	_____
Cell Phone expense	_____	per month for	_____	months = \$	_____
Other	_____	per month for	_____	months = \$	_____

Total monthly expenses: \_\_\_\_\_

Total monthly income: \_\_\_\_\_

**Certification:**

All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information I have given on this form. I realize that if I have knowingly provided any false or misleading information on either this form or any of my aid application papers, I will have to repay any financial aid I may have received based on this information.

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