



2020-2021 Financial Review Form

Student Name: _____ PTI Student ID#: _____

The income reported on your 2020-2021 Free Application for Federal Student Aid (FAFSA) appears insufficient to support the number of people in your household. Please complete this form to clarify how the household was financially supported during the **2018** calendar year. If you are a dependent student, you and your parent(s) must complete all lines below. If you are an independent student, you and your spouse (if married) must complete lines below.

Student/ Spouse	2018 Yearly Income	Parent(s)	Student/ Spouse	2018 Yearly Expenses	Parent(s)
\$	Wages from Work	\$	\$	Rent/Mortgage	\$
\$	Unemployment	\$	\$	Food	\$
\$	TANF/Food Stamps	\$	\$	Clothing	\$
\$	Child Support Received	\$	\$	Utilities (Electricity, Water, Sewer, Cable)	\$
\$	Veteran BAH Payments	\$	\$	Cell Phone	\$
\$	Veteran Disability Payments	\$	\$	Medical/Dental/Vision Insurance	\$
\$	Social Security <input type="checkbox"/> Taxed or <input type="checkbox"/> Untaxed	\$	\$	Car Payment(s)	\$
\$	Workers Compensation	\$	\$	Car Insurance	\$
\$	Pension	\$	\$	Vehicle Gas	\$
\$	Support from Relatives or Friends	\$	\$	Childcare Expenses	\$
\$	Other Income	\$	\$	Other Expenses	\$
\$	Yearly Income Totals	\$	\$	Yearly Expense Totals	\$

If yours or parent's 2018 income **did not meet** expenses, please explain how those expenses were met:

By signing this document, I certify that all information reported on it is true and accurate. If I purposely give false or misleading information on this document, it will be cause for denial or repayment of financial aid and I may also be fined, sentenced to jail, or both.

Student Signature

Date

Parent Signature

Date

(Parent signature is required if you are providing parent information)