

AUSTIN PEAY STATE UNIVERSITY
Student Financial Aid Office
P.O.Box 4546
Clarksville, TN 37044

Student Name: _____ Banner ID# _____

___ On the FAFSA, you reported that you have children or dependents other than a spouse who live with you and you provide more than half of their support.

___ On the FAFSA, you reported unusually low income and we are required to verify how you supported yourself and if applicable, your family.

In order to continue processing your application for Federal Financial Aid we need additional information. Please provide monthly expense **and resource** amounts and documentation to the items applicable.

You may attach another sheet if additional explanation is needed.

EXPENSE

Housing Expense \$ _____

Utilities Expense \$ _____

Transportation Expense \$ _____

Child Care Expense \$ _____

Automobile payments \$ _____

Medical/Dental Insurance \$ _____

Food & Clothing Expense \$ _____

Total Monthly Expense \$ _____

DOCUMENTATION

Provide rental or lease agreement

Provide copies of utility bills

Provide your Auto Insurance Policy

Letter from Daycare or Pre-School

Payment coupon

Premium statement

RESOURCES/SUPPORT

Child Support Received \$ _____

Court Order or Agreement

Other resources \$ _____

Food Stamps, Families First,
Veterans Benefits and Other.....

Assistance from other agencies,
friends and family members. \$ _____

Student Signature Date

Parent Signature Date
(Required for dependent students)