

## Office of Financial Aid

2725 Campus Box Elon, NC 27244 (P) 336-278-7640 (F) 336-278-7639

## 2023-2024 Income and Resource Clarification Worksheet

Do not submit this form by email. It contains personally identifiable information. Please fax or mail to the address listed above.

| A. Student Information   |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| Last Name:   | First Name:   | MI:  |  |  |  |  |
| Elon ID:   | SSN (last 4 digits): Date o   |  |  |  |  |  |
| B. Income Informa  | ation   |  |  |  |  |  |
| you are currently able to pro • Include total  COLUMN □ If pare the parent/ stepp • Attach pertin (if married) and/o | le in your household. Please <b>FULLY complete</b> this form, <b>expla</b> vide housing, food, utilities, clothing, etc. for your household income and resources from <b>you</b> (the student) <b>and your spou</b> ental information was required on the FAFSA, include the totogrammation this household, in the <b>RIGHT COLUMN</b> ment <b>W-2's or other income statements</b> (i.e. 1099 miscellane or your parents/stepparents (if dependent) <b>able</b> write in " <b>N/A</b> ", otherwise, you <b>MUST</b> enter an amount. | I in 2023.  Ise (if married) in the LEFT  cal income and resources from  ous) for yourself and your spouse |  |  |  |  |
| Student/Spouse (if married) 2023 Annual Amount   | Sources and amounts of income in 2023<br>(January 1-December 31)  | Parent(s)- if dependent 2023<br>Annual Income  |  |  |  |  |
|  | Unemployment compensation   |  |  |  |  |  |
|  | Social Security Disability Income   |  |  |  |  |  |
|  | Supplemental Security Income (SSI)  |  |  |  |  |  |
|  | Child Support Received  |  |  |  |  |  |
|  | Alimony Received  |  |  |  |  |  |
|  | Bills paid for you (either directly to the creditor or cash to you for food, clothing, housing, childcare, transportation, etc.)  |  |  |  |  |  |
|  | Cash gifts  |  |  |  |  |  |
|  | Public assistance, including housing, utility assistance, SNA etc.  | Ρ,   |  |  |  |  |
|  | Money spent from savings  |  |  |  |  |  |
|  | Social Security received  |  |  |  |  |  |

| Other (Please specify source)  |  |
|--|--|
| Financial Aid received January 1 – December 31, 2023 from all colleges and universities. |  |
|  |  |

## 2023-2024 Income and Resource Clarification Worksheet (continued)

| C. Statement of Expenses for 2023   |                  |                 |                      |                               |          |  |
|---|------------------|-----------------|----------------------|-------------------------------|----------|--|
| Monthly Expenses  | Amo              | unt             |                      | Source of Payment             |          |  |
| Rent or Mortgage  | \$               |                 | _                    |                               |          |  |
| Utilities (electricity, gas, water, etc.)                                       | \$               |                 | _                    |                               |          |  |
| Food  | \$               |                 | _                    |                               |          |  |
| Car Payment   | \$               |                 | _                    |                               |          |  |
| Car Insurance   | \$               |                 | _                    |                               |          |  |
| Phone   | \$               |                 | _                    |                               |          |  |
| Child Care  | \$               |                 | _                    |                               |          |  |
| Other (explain below)   |                  |                 |                      |                               |          |  |
|   | \$               |                 | _                    |                               |          |  |
|   | \$               |                 | _                    |                               |          |  |
|   | \$               |                 | _                    |                               |          |  |
| D. Sign this Worksheet  |                  |                 |                      |                               |          |  |
| By signing this worksheet, I certify the penalty of perjury. Please sign with a |                  |                 |                      | t is complete and corre       | ct under |  |
| Student Signature (must be signed in  | ink) <b>Date</b> | Parent Signatur | <b>re</b> (if depend | dent) (must be signed in ink) | Date     |  |