



FISHER COLLEGE

Office of Financial Aid

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2021-2022 Household Resources - Dependent Student

Student Name: _____ Fisher ID: _____

(Please Print)

The income listed on your financial aid application materials is unusually low. We are requesting additional data about your household finances so that we may understand your expenses and how you are meeting your financial obligations.

Please indicate all expenses and resources for your household from **January 2019 through December 2019** by writing in the amount you pay or receive each month in the categories listed below.

For any category in which you had no Expenses or Resources, please write "0" or "N/A."

EXPENSES	COST (Per Month)	RESOURCES	AMOUNT	CIRCLE ONE
*Rent/Mortgage	\$ _____ **	*Work Income (amount should match W2 or Tax Info)	\$ _____	(year / month)
*Electric/Fuel Utilities	\$ _____	*Interest and Dividend Income	\$ _____	(year / month)
*Medical Insurance	\$ _____	*Child Support	\$ _____	(year / month)
*Car Insurance	\$ _____	*Alimony	\$ _____	(year / month)
*Car Payment	\$ _____	*Social Security	\$ _____	(year / month)
*Food	\$ _____	*Unemployment Compensation	\$ _____	(year / month)
*Clothing	\$ _____	*Depletion of Savings	\$ _____	(year / month)
*Telephone	\$ _____	*Welfare Benefits	\$ _____	(year / month)
		*Rent Received	\$ _____	(year / month)
		*Personal Loan Received: (Please describe)	_____	(year / month)
OTHER: (Please provide type)	\$ _____	*ASSETS SOLD: (Please describe)	\$ _____	(year / month)
_____	\$ _____			
		*OTHER INCOME/BENEFIT:	\$ _____	(year / month)
** If RENT/MORTGAGE is zero, please explain:				
_____		*FINANCIAL GIFT: (Include any bills paid on your behalf by someone else)	\$ _____	(year / month)
_____		_____		
		Name of Individual providing Financial Gift		
TOTAL EXPENSES	\$ _____	TOTAL RESOURCES	\$ _____	

RESOURCES - EXPENSES = \$

Expenses CANNOT Be Greater Than Resources

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____