



## FISHER COLLEGE

Office of Financial Aid

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### 2023-2024 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 2021 through December 2021** 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)
		*FINANCIAL GIFT: (Include any bills paid on your behalf by someone else)		
		_____	\$ _____	(year / month)
		Name of Individual providing Financial Gift		
<b>TOTAL EXPENSES</b>	<b>\$ _____</b>	<b>TOTAL RESOURCES</b>	<b>\$ _____</b>	

**RESOURCES - EXPENSES = \$**

*Expenses CANNOT Be Greater Than Resources*

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

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