



FISHER COLLEGE

Office of Financial Aid
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2023-2024 Household Resources - Independent 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)
*Rent/Mortgage	\$ _____ **
*Electric/Fuel Utilities	\$ _____
*Medical Insurance	\$ _____
*Car Insurance	\$ _____
*Car Payment	\$ _____
*Food	\$ _____
*Clothing	\$ _____
*Telephone	\$ _____
OTHER: (Please provide type)	
_____	\$ _____
_____	\$ _____
** If RENT/MORTGAGE is zero, please explain:	

TOTAL EXPENSES	\$ _____

RESOURCES	AMOUNT	CIRCLE ONE
*Work Income (amount should match W2 or Tax Info)	\$ _____	(year / month)
*Interest and Dividend Income	\$ _____	(year / month)
*Child Support	\$ _____	(year / month)
*Alimony	\$ _____	(year / month)
*Social Security	\$ _____	(year / month)
*Unemployment Compensation	\$ _____	(year / month)
*Depletion of Savings	\$ _____	(year / month)
*Welfare Benefits	\$ _____	(year / month)
*Rent Received	\$ _____	(year / month)
*Personal Loan Received: (Please describe)	_____	\$ _____ (year / month)
*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	_____	
TOTAL RESOURCES	\$ _____	

RESOURCES - EXPENSES = \$

Expenses CANNOT Be Greater Than Resources

Student Signature: _____ Date: _____

Spouse Signature: _____ Date: _____