



SMUSM

*Office of Financial Aid
Low Income Expense Form*

Date

To The Parents Of:

Student SMU ID#:

Dear,

We have received your FAFSA for the upcoming academic year and are reviewing your eligibility for need based aid.

This form is being sent to you in response to the low income amount that you reported on the FAFSA. Fill out and return the enclosed Estimated Monthly Family Expense form. Please attach a statement explaining how you met your **2015** monthly expenses on \$_____.

Please respond as soon as possible. Our goal is to award financial aid to your student as soon as all issues related to the file are resolved.

**SMU**SM

Office of Financial Aid
Low Income Expense Form

2015 Monthly Family Expenses

Student Name

Student ID Number

Student Email

Student Telephone Number

Please list 2015 monthly expenses. Do not include bills that are not in your name, unless the bill is paid by you.		Please list all 2015 annual income.	
Mortgage/Rent	\$	Employment	\$
Utilities—Gas	\$	Soc. Security Disability	\$
Electric	\$	TANF	\$
Water	\$		
Phone	\$		
Cable/Internet	\$	SNAP	\$
Food	\$	Cash Assistance	\$
Cell Phone	\$	Other	\$
Car Payment	\$	Other	\$
Health Insurance	\$	Other	\$
Other	\$	Other	\$
Other	\$	Other	\$

Student Signature

Date

Parent Signature

Date