



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 unusually low income amount for the 2015 calendar year that you reported on the FAFSA. Please read the information below carefully and respond as quickly as possible.

Additional information is needed in order to clarify some of the information on your FAFSA. Please provide the following information to our offices as soon as possible.

- 1) Complete the attached Estimated Monthly Family Expense form with your **estimated monthly expenses during the 2016 calendar year**. This information will be reviewed against the information filed on your FAFSA and taken into consideration when determining your financial need for the upcoming 2017-2018 academic year.
- 2) Attach a statement explaining the source(s) of income currently used to meet the monthly expenses listed on the Estimated Monthly Family Expense form. Please include supporting documentation of income that you feel may be helpful.

Our goal is to award financial aid to our students as quickly as possible and in a fair and equitable manner. Providing this information in a timely manner will allow our office to promptly present your financial aid award package for the 2017-2018 academic year.

You may submit via fax, U.S. Postal Service, or in person. Fax number and mailing address can be found at the bottom of this page. Our offices are in the Blanton Student Services Building, Suite 119.

If you have any questions, please contact your Financial Aid Advisor.

Regards,
Division of Enrollment Services
Office of Financial Aid

**SMU**SM

*Office of Financial Aid
Low Income Expense Form*

2016 Monthly Family Expenses

The information in this form are reflective of family expenses for the 2016 calendar year.

Student Name

Student ID Number

Student Email

Student Telephone Number

Please list 2016 monthly expenses. Do not include bills that are not in your name, unless the bill is paid by you.		Please list all 2016 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