



### 2026-2027 Statement of Income and Support

Student's Name (Please Print) \_\_\_\_\_

Student's XULA ID Number \_\_\_\_\_

The income you reported on the Free Application for Federal Student Aid (FAFSA) appears to be unusually low. Please complete the income and expenses worksheet below. If you are a dependent student, you must include your parent(s) information and parent(s) must sign this document. Also, if someone (friend or family member) provided support to you/your family in 2024, please have them complete and return the Student/Family Member Support Form (second page of this form). **Once you have completed and signed the necessary forms, please upload your documents at: <https://xula.studentforms.com>.**

2024 Expenses	Student/Spouse Amount of 2024 Expenses Paid Out of Pocket	Parent 2024 Expenses Paid Out of Pocket (Dependent Student Only)	2024 Income Sources:	Student /Spouse 2024 Income/Earnings	Parent: 2024 Income/Earnings (Dependent Student Only)
Rent/Mortgage			Earnings from ALL Jobs		
Utilities			Unemployment Benefits Received		
Car Payment/Insurance			Withdrawals from Savings		
Car Maintenance/Gas			Social Security/Disability		
Credit Card Payments			Welfare, AFDC, TANF		
Phone, Internet & Cable			Child Support Received		
Clothing			Alimony		
Food			Total Financial Aid RECEIVED in 2023		
Entertainment			Cash received from family and/or friends		
Child Support/Alimony Paid			<b>*Bills paid by someone else on your behalf</b>		
Child Care			Other:		
Other:			Other:		
Other:			Other:		
<b>Total 2024 Expenses</b>			<b>Total 2024 Income</b>		

**\*List bills being paid and by whom; and provide examples of support** (include food, shelter, clothing, non-cash gifts, etc.). Be sure to list the total dollar value of support received in 2024 (*use reverse side if more space is needed*). **Please have the individual listed complete the Student/Family Member Support Form.**

**Statement of Accuracy and Agreement:**

The information provided in this request and any supporting documentation is true, complete, and accurate to the best of my knowledge. I understand the Office of Financial Aid and Scholarships may request additional documentation to verify this information.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Spouse Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (Mother)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (Father)

\_\_\_\_\_  
Date



**2026-2027 Student/Family Member Support Form**

Student's Name (Please Print) \_\_\_\_\_

Student's XULA ID Number \_\_\_\_\_

This form must be completed by a person (such as a friend or family member, other than a parent) who provided support to the student and/or the student's family in 2024. Please complete this form describing the support you provided. You may attach a separate sheet if more space is needed. **Once your forms are complete, please upload your documents at: <https://xula.studentforms.com>.**

**Household Information (2024):** Please list all people who lived in your household during 2024, including yourself:

Full Name	Age	Relationship to You	Do you provide more than 50% of their support?	If YES, how do you provide support?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lodging <input type="checkbox"/> Food <input type="checkbox"/> Medical <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lodging <input type="checkbox"/> Food <input type="checkbox"/> Medical <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lodging <input type="checkbox"/> Food <input type="checkbox"/> Medical <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lodging <input type="checkbox"/> Food <input type="checkbox"/> Medical <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lodging <input type="checkbox"/> Food <input type="checkbox"/> Medical <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lodging <input type="checkbox"/> Food <input type="checkbox"/> Medical <input type="checkbox"/> Other: _____

1) **Financial Support (2024):** Did you give money to the student and/or the student's parent(s) to help pay bills in 2024?

Yes  No If Yes, who did you support and how much did you provide?

Student:\$ \_\_\_\_\_  Monthly  Yearly  Parent(s):\$ \_\_\_\_\_  Monthly  Yearly

2) **Bill Payments (2024):** Did you pay any bills for the student and/or the student's parent(s) in 2024?  Yes  No

**If Yes, please list the bills and amount you paid and the individual for whom each bill was paid for:**

List Bill Paid/Company Name	Indicate the amount you paid	Payment Monthly or Annually?	Bill paid on behalf of whom?
		<input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Student <input type="checkbox"/> Parent
		<input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Student <input type="checkbox"/> Parent
		<input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Student <input type="checkbox"/> Parent
		<input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Student <input type="checkbox"/> Parent
		<input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Student <input type="checkbox"/> Parent

3) **Student/Parent(s) Contributions (2024):** Did the student/parent(s) contribute any financial assistance toward **your** household in 2024?  Yes  No If Yes, Student:\$ \_\_\_\_\_  Monthly  Yearly Parent(s):\$ \_\_\_\_\_  Monthly  Yearly

**Certification and Signatures**

I certify that the information provided on this form (and any attached pages) is true and complete. I understand that providing false or misleading information may result in fines, imprisonment, or both. **All three individuals must sign below.**

\_\_\_\_\_  
 Person Providing Support Signature      Date

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

\_\_\_\_\_  
 Parent (Dependent Student) Signature      Date