

Financial Aid Office -Red Oak Center Room 217

Phone: (715) 365-4423 or 800-544-3039

## 2018-2019 Income Explanation Form

STUDENT INFORMATION:

Student's Last Name	First Name	e MI	Nicolet College Student ID Number	
Student's Street Address (incl. apt. #)			Student's Nicolet College Email	
Citv	State	Zip Code	Student's Home or Cell Phone Number	

STOP

P.O. Box 518

Rhinelander, WI 54501

FAX: (715) 365-4918

Processing of your aid has stopped until this form and all required documentation is returned to the Nicolet College Financial Aid Office.

You have shown insufficient resources for basic living expenses. Please list your monthly 2018 Income and the expenses you pay from this income.

## NOTE: If you are dependent, your parents must complete this form. If you are Independent, use student and spouse's information only.

2018 Monthly Income/Resources	2018 Monthly Income				
Income from work – not reported on a IRS W-2 form(s)	\$ /Monthly				
Income from work –IRS W-2 form(s) received	\$ /Monthly				
Child support/alimony	\$ /Monthly				
Wisconsin Works W-2 Program (including child care)	\$ /Monthly				
SNAP	\$ /Monthly				
Subsidized housing	\$ /Monthly				
Disability	\$ /Monthly				
Pension	\$ /Monthly				
Unemployment	\$ /Monthly				
Workers' compensation	\$ /Monthly				
Military allowances (bas/baq, etc.)	\$ /Monthly				
2018 Total Monthly Income					
Other Income Resources: If you live with someone who pays your living expenses, please include the monthly dollar					
value of this support, even if no money was actually paid to you. Please	explain on reverse side of this form.				
	\$ /Monthly				
	\$ /Monthly				
	\$ /Monthly				

2018 Monthly Expenses	2018	8 Monthly Expenses
Rent/mortgage payment	\$	/Monthly
Utilities	\$	/Monthly
Food	\$	/Monthly
Automobile: fuel, repairs, insurance	\$	/Monthly
Medical/dental	\$	/Monthly
Child Care	\$	/Monthly
Other expenses: please explain:		
	\$	/
2018 Total Monthly Expenses	\$	

If you have additional comments about your living expenses or income resources, please explain on reverse side of form.

STUDENT'S SIGNATURE	DATE
PARENT/SPOUSE'S SIGNATURE	DATE

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.