## Please complete form and return to:



Financial Aid Office -Red Oak Center P.O. Box 518 Rhinelander, WI 54501

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

FAX: (715) 365-4918

## 2020-2021 Income Explanation Form

## STUDENT INFORMATION:

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



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 2020 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.

2020 Monthly Income/Resources	2020 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
2020 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

 \$
 /Monthly

2020 Monthly Expenses	2020 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:		
	\$ /	
2020 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.