



Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

**Parent**                       **Student**

*The 2023 income you reported on the 2025-2026 Free Application for Federal Student Aid (FAFSA) appears insufficient to support your household. Please itemize your income and expenses below. We request that you explain how you met your expenses on the income you reported. Please use the comment section to provide any explanations you feel are necessary to clarify the information you reported. If you have any questions, please call Student Financial Services toll-free at (877) 372-7347.*

*Remember: The financial information on the FAFSA was based on 2023 figures. If these have changed, please complete a Financial Aid Appeal Form.*

MONTHLY INCOME/BENEFITS FOR 2024		MONTHLY EXPENSES FOR 2024	
Income earned from work:	\$ _____	Rent/Mortgage:	\$ _____
Welfare Benefits:	\$ _____	Food Expenses:	\$ _____
Social Security Benefits:	\$ _____	Utilities:	\$ _____
Food Stamps:	\$ _____	Auto Expenses:	\$ _____
Fuel Assistance:	\$ _____	Child Care Expense:	\$ _____
Housing Subsidies:	\$ _____	Credit Card Expense:	\$ _____
Child Support:	\$ _____	Installment Loans:	\$ _____
Alimony:	\$ _____	Medical Expenses:	\$ _____
Support from Parent/Relative:	\$ _____	Personal Expenses:	\$ _____
Gifts:	\$ _____	Other _____ :	\$ _____
Other _____ :	\$ _____	Other _____ :	\$ _____

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I (we) certify that the information provided above is complete and correct.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (required for Dependent students)

\_\_\_\_\_  
Date

**Return this form via e-mail to: [osfs@franklinpierce.edu](mailto:osfs@franklinpierce.edu) OR via fax to: (603)899-4372 OR via mail to: Student Financial Services, Franklin Pierce University, 40 University Drive, Rindge, NH 03461**