



Office of Financial Aid
2025 - 2026 Explanation of Income Form
for Dependent Students
Federal Student Aid Programs

You are required to complete the Explanation of Income form because the income information provided for your parents on your 2025-2026 FAFSA falls below the poverty guidelines for your household size. The form allows you to outline how your family met their living expenses in 2023. Please report your ANNUAL expenses for the categories below.

Student's Last Name	Student's First Name	Student's M.I.	BSU Student ID #
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CATEGORY 1: Federal and State Benefits – These are benefits such as Social Security benefits, food stamps, child support and housing assistance, which should have also been indicated as received on the FAFSA form. If any of these forms of assistance were received, please enter the total amount received in 2023. You may be asked to provide proof of these funds received.

- | | |
|--|----------|
| <input type="checkbox"/> Welfare Benefits, TANF, AFDC, WIC | \$ _____ |
| <input type="checkbox"/> Social Security Benefits | \$ _____ |
| <input type="checkbox"/> Food Stamps/SNAP Benefits | \$ _____ |
| <input type="checkbox"/> Housing Assistance | \$ _____ |
| | |
| <input type="checkbox"/> Child Support Received | \$ _____ |
| <input type="checkbox"/> Worker's Compensation | \$ _____ |
| <input type="checkbox"/> (CRSC) Combat-related | \$ _____ |

CATEGORY 2: In-kind support – This category references the amount of money you would have to pay if not for utilizing another individual or family's non-cash resources. You are required to complete in-kind support list below with estimated **YEARLY** amounts.

RENT/HOUSING \$ _____ HOUSEHOLD EXPENSES \$ _____ FOOD \$ _____

CELL PHONE \$ _____ MEDICAL \$ _____ INSURANCE \$ _____

TRANSPORTATION \$ _____ MEDICAL EXPENSES \$ _____ OTHER \$ _____

CATEGORY 3: Cash support – This category references the money given to you for bills **in your name** paid for you by someone else. You are required to complete the cash support list below with estimated **YEARLY** amounts.

RENT/HOUSING \$ _____ HOUSEHOLD EXPENSES \$ _____ FOOD \$ _____

CELL PHONE \$ _____ MEDICAL \$ _____ INSURANCE \$ _____

TRANSPORTATION \$ _____ MEDICAL EXPENSES \$ _____ OTHER \$ _____

Student's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____