Affidavit of Financial Independence

(To be completed by Applicant that are 24 years or younger)

Student Name: _____

Please provide information concerning your yearly budget expenses and sources of income for the previous twelve months prior to the term you are applying for resident status for tuition and fee purposes.

Expenses (i.e., telephone bill, rent, etc.)	Annual Cost (Estimate)	Payor and Source of Funds
Rent/Mortgage payment	$	
Groceries/food	$	
Utilities	$	
Repairs/Maintenance	$	
Clothing	$	
Health Insurance	$	
Car Insurance	$	
Car Payments	$	
Medical/dental	$	
Education (tuition plus supplies/books)	$	
Travel, recreation, entertainment, other	$	
Total	**$**	

Sources of financial support/income	Amount
Your earned taxable income* *Paystubs and W-2s **must** be provided showing income totals*	$
Veterans Benefits*	$
Social Security Benefits*	$
Scholarships	$
Grants	$
Loans (NOT Parent Loans)	$
Other*, _____	$
Total	**$**

***Documentation **must** be provided to verify income

I certify that the information on this form is, to the best of my knowledge, correct and complete. I understand that additional documentation may be requested to confirm my financial independence at any time during the application process.

Signature of Applicant: _____ Date: _____