



Student's Name (Please Print)

BU I.D. or Social Security Number

## CALENDAR YEAR RESOURCES

RESOURCES	ACTUAL 2007
• Mother's/Stepmother's Wages	\$
• Father's/Stepfather's Wages	\$
• Student Wages	\$
• Spouse's Wages (if applicable)	
• Social Security Benefits	\$
• VA Benefits	\$
List Other Taxable Income sources below	
•	\$
•	\$
•	\$
List Other Government Assistance sources below	
•	\$
•	\$
•	\$
List Other Resources below	
•	\$
•	\$
•	\$
<b>TOTAL</b>	\$

**If total calendar year expenses exceed total calendar year resources, please provide a detailed explanation of how your family was able to pay for living expenses for the year with the resources reported.**

---

---

---

---

---

---

---

---

---

---

---

The following signatures are required: I, the student named above, hereby certify that all information provided above is complete and correct. I, the spouse (if appropriate) and/or the parent of the student named above, hereby certify that all information provided above is complete and correct.

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature (if applicable) \_\_\_\_\_ Date: \_\_\_\_\_

Mother's/Stepmother's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Father's/Stepfather's Signature \_\_\_\_\_ Date: \_\_\_\_\_