

# 2026-27 Income and Living Expenses Worksheet (LIVEXP)



EAST TENNESSEE STATE  
UNIVERSITY

Financial Aid & Scholarships

The income reported for you and/or your parents on your 2026-27 Free Application for Federal Student Aid (FAFSA) appears insufficient to support the number of people reported in your family. Please provide information below about any other resources, benefits, and expenses by the student and any members of the student's household. Incomplete forms will delay our determination of eligibility. Do not leave blank spaces. If an item does not apply to you, enter N/A. **Parent information is only required for dependent students. Independent students should only report their own information.**

Student Name: \_\_\_\_\_

Student E#: \_\_\_\_\_

Please list the amount received in 2024 from the listed resources below.

2024 Annual Resources and Income	Student/Spouse	Parent(s)
Disability Benefits / Worker's Compensation	\$	\$
Social Security Benefits / Supplemental Security Income (SSI)	\$	\$
SNAP / WIC / TANF / Free or Reduced-Price School Lunch	\$	\$
Federal Subsidized Housing (HUD, Section 8)	\$	\$
Medicaid / Medicare	\$	\$
Pension / Retirement Benefits / Unemployment Benefits	\$	\$
Child Support Received / Alimony / Spousal Support	\$	\$
Military / Clergy Allowance / Veterans Benefits	\$	\$
Financial Aid Refund	\$	\$
Cash Support or Bills Paid from Relatives / Friends / Someone Else	\$	\$
Other Income (Specify)	\$	\$
Total Income	\$	\$

Please list the amount paid directly to you (spouse) and/or parent(s) in 2024 from the listed expenses below.

2024 Annual Expenses	Student/Spouse	Parent(s)
Housing (Rent, Mortgage)	\$	\$
Utilities (Gas, Electric, Water, Phone, Internet, Cable, etc.)	\$	\$
Food (Groceries)	\$	\$
Auto (Car Payment, Insurance, Maintenance)	\$	\$
Transportation (Gas, Bus Fare, etc.)	\$	\$
Entertainment (Recreation)	\$	\$
Health Care (Medical, Dental, Insurance Costs, etc.)	\$	\$
Childcare	\$	\$
Personal (Clothing, Haircuts, etc.)	\$	\$
Credit Card Payments	\$	\$
Other (Specify)	\$	\$
Total Expenses	\$	\$

If there are any other circumstances regarding your expenses, please submit a signed statement or additional documentation.

By signing this form, I certify that all the information reported is complete and correct. **I understand if I purposely give false or misleading information on this worksheet that I may be fined, sentenced to jail, or both. Handwritten or stylus signatures are required - typed signatures will not be accepted. Only dependent students need to provide a parent's signature.**

Student Signature / Date

Parent Signature / Date

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