



STUDENT'S NAME

STUDENT'S ID#

C. It appears that your prior year expenses exceeded your prior year income. Please provide a written explanation as to how your expenses were paid.

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D. You have indicated other expenses. Please itemize and list amounts below.

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E. You have indicated other untaxed income. Please itemize and list amounts below.

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**CERTIFICATION**

By signing this worksheet, I certify all the information on this form is true and complete. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that if I do not give proof when asked, the student may not receive aid.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's/Stepparent's Signature \_\_\_\_\_

Date \_\_\_\_\_

*(Spouse if student is married)*

**Return to:  
The Catholic University of America  
Financial Aid Office  
006 McMahon Hall  
Michigan Avenue  
Washington, DC 20064**