



Office of Student Financial Aid
 4400 University Drive, MS 3B5, Fairfax, Virginia, 22030
 Phone: 703-993-2353; Fax: 703-993-2350

Alternate Needs Assessment – 2018-19 Award Year (for Non-FAFSA Filers)

Complete and sign this form and submit it and all requested documents to the Office of Student Financial Aid

Student Name: _____ Student G #: _____

Address: _____
 (Street Address) (City) (State) (Zip)

Email: _____ Phone: _____

Academic Status in 2018-2019: Returning Student Graduate Student

Fall 2018 Credits Enrolled: _____ Spring 2019 Credits Enrolled: _____

Family Size

Please indicate the number of individuals that permanently reside in your home. _____
 How many of those individuals are currently enrolled in a college or university? _____

Income

Parent(s) total income earned in 2016: \$ _____
 Student's total income earned in 2016: \$ _____

*Total amount of other sources of financial support (financial aid, cash, savings, relatives, etc.) received in 2016:

Source _____	Amount \$ _____
Source _____	Amount \$ _____
Source _____	Amount \$ _____

*If additional lines are need please indicate on the back of this sheet.

Assets

Please check the box below if you or your family:

- Own your home
- Own other real estate
- Own a business or corporation

Expenditures

Please list all current expenses that you and your family pay per month:

Rent or Mortgage: \$ _____
 Utilities (heat, water, trash, electric, etc.): \$ _____
 Groceries (on average): \$ _____
 Transportation (car payment, insurance, public transit, etc.): \$ _____

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Student Name: _____ Student G #: _____

*Other expenses currently paid per month (credit cards, cell phone, other bills, medical expenses, etc.):

Type: _____ Amount: \$ _____

Type: _____ Amount: \$ _____

Type: _____ Amount: \$ _____

*If additional lines are need please indicate on the back of this sheet.

Education expenses (by semester): \$ _____ /per semester

Description: (tuition, books, transportation, etc.) _____

Additional Information

Do you or anyone in your family receive Free or Reduced Lunch/ WIC/ TANF/SNAP:

No Yes, please explain _____

What percentage of your current expenses do you pay yourself? (Example: if you pay all your expenses, your percentage would be 100%): _____

Do you have education loans? No Yes

Are you able to obtain new or additional education loans?

No Yes, please explain _____

Are there any programs or organizations that can help pay for your educational costs?

No Yes, please explain _____

Additional Documentation

Required: EFC Calculator Results.

Go to bigfuture.collegeboard.org and under 'Pay for College', click on 'Tools & Calculators', then click the 'EFC Calculator' link. Use the FM EFC Formula when prompted. Print the EFC 'Results' Page and submit with this signed form.

If Applicable:

-Signed Parent(s) 2016 Federal Tax Return

-Signed Student 2016 Federal Tax Return

-Parent(s) W-2 Form (2016)

-Student W-2 Form (2016)

-Other Proof of Financial Need: (may include free/reduced lunch, WIC, TANF, food stamps, or other verifiable documentation of financial need)

Student Signature: _____

Date: _____

(Sign by hand - do not type or sign electronically)

OFFICE USE ONLY: Student EFC/Need Verified: _____ FA Signature: _____ Date: _____