

Student's Name _____ Mercer ID # _____

Because you reported little or no income on your FAFSA, we require you to provide us with a complete listing of the monthly obligations and the sources and totals of income you received. Please include any cash gifts you received or any other forms of support you received.

Obligations	Sources Paid From	Monthly Amount Received
Housing		
Utilities		
Food		
Medical		
General Expenses		

CERTIFICATION

By signing below, I certify that all of the information reported above is complete and correct.

Student's Signature (required)

Date

Parent's Signature (if applicable)

Date

Electronic Signatures will NOT be accepted. You must print this form before signing and submitting.

Please return this form to Mercer University Office of Student Financial Planning listed below:

<p>Macon and RAC campuses: Mercer University Office of Student Financial Planning 1501 Mercer University Drive Macon, GA 31207-0001 FinancialPlanning@mercer.edu Phone Number: (478) 301-2670</p>	<p>Atlanta Campus: Mercer University Office of Student Financial Planning 3001 Mercer University Drive Atlanta, GA 30341 FinancialPlanning@mercer.edu Phone Number: (678) 547-6444</p>
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