

HOW HOUSEHOLD WAS SUPPORTED

The income reported on your 2017-18 Free Application for Federal Student Aid (FAFSA) does not seem sufficient to have supported you/your family during **2015**, therefore we are requesting additional information of how your living expenses were met.

- **Dependent students** report total amounts for the parent(s) listed on the FAFSA, and yourself, if applicable.
- **Independent students** report amounts for student and spouse (if married).

Student's name: _____ Phone: _____

1. Did anyone in your household receive any of the benefits or other income listed below in 2015?

	Source of income	Monthly amount
<input type="checkbox"/> NO <input type="checkbox"/> YES	Unemployment Compensation	\$ _____
<input type="checkbox"/> NO <input type="checkbox"/> YES	Workers' Compensation	\$ _____
<input type="checkbox"/> NO <input type="checkbox"/> YES	Disability Paid by an Employer or Insurance Company	\$ _____
<input type="checkbox"/> NO <input type="checkbox"/> YES	Child Support Received	\$ _____
<input type="checkbox"/> NO <input type="checkbox"/> YES	Veterans Benefits	\$ _____
<input type="checkbox"/> NO <input type="checkbox"/> YES	Supplemental Security Income (SSI)	\$ _____
<input type="checkbox"/> NO <input type="checkbox"/> YES	Social Security Disability (SSD)	\$ _____
<input type="checkbox"/> NO <input type="checkbox"/> YES	Supplemental Nutrition Assistance Program (SNAP)	\$ _____
<input type="checkbox"/> NO <input type="checkbox"/> YES	Temporary Assistance for Needy Families (TANF)	\$ _____
<input type="checkbox"/> NO <input type="checkbox"/> YES	Public Housing Assistance	\$ _____
<input type="checkbox"/> NO <input type="checkbox"/> YES	Free or Reduced Price Lunch	XXXXXXXXXXXXXXXXXX
<input type="checkbox"/> NO <input type="checkbox"/> YES	WIC	XXXXXXXXXXXXXXXXXX
<input type="checkbox"/> NO <input type="checkbox"/> YES	Student Financial Aid Including Loans	XXXXXXXXXXXXXXXXXX
<input type="checkbox"/> NO <input type="checkbox"/> YES	Medicaid/Fidelis	XXXXXXXXXXXXXXXXXX
<input type="checkbox"/> NO <input type="checkbox"/> YES	Other (describe)	\$ _____

2. NO YES Do you, or your parents (if dependent) live with someone else who helps to support you?
 If yes, please explain:

3. Provide any other relevant information that may explain how the day-to-day living expenses (food, rent, clothing, etc.) of your household were met.

Certification: I certify that all information provided in this document is true, complete and accurate. I understand that if I purposely give false or misleading information I may be fined, sentenced to jail, or both.

Student's signature: _____ Date: _____

Parent's signature _____ Date: _____

(Parent signature required if student is dependent for federal student aid purposes.)