

## HOW HOUSEHOLD WAS SUPPORTED

The income reported on your 2016-17 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.)*