

HOW HOUSEHOLD WAS SUPPORTED

The financial aid office is requesting additional information of how household living expenses were met in 2019 either because we need to resolve conflicting information or need clarification regarding sources of income and/or benefits. Not all income sources are considered in the federal financial aid calculation; however, in some cases not reporting the receipt of federal means tested benefits can negatively affect a student’s financial aid.

- **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 2019?

	Source of income	Amount received in 2019
<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. Do you, or your parents if you are dependent, live with someone else who helps support you? No YES
If yes, explain: _____

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

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.)