



2018-2019 Student Statement of Support

Student Name: Student ID (R#):

The Financial Aid Office requests that you complete this form because you indicated that you had little or no income in 2016. We need additional information to verify how you met living expenses on the income you reported. If you have questions about completing this form, please contact our office.

1.) Did anyone in your household receive benefits from any of the following federal benefit programs in 2016?

Social Security Benefits: Yes No
Monthly Amount: \$
of Months Received in 2016:

Food Stamp Benefits (SNAP): Yes No
Monthly Amount: \$
of Months Received in 2016:

Public Assistance/TANF: Yes No
Monthly Amount: \$
of Months Received in 2016:

Section 8 (HPD/HUD): Yes No
Monthly Amount: \$
of Months Received in 2016:

2.) Did you or your spouse/parent receive funds from child support or other untaxed income in 2016?
No
Yes, Type of Untaxed Income Amount Received: \$

3.) Do you or your spouse/parent live with a relative or someone else who provided free room and board in 2016?
No
Yes, Name: Relationship:

4.) Did someone else pay your transportation expenses in 2016?
No
Yes, Name: Relationship:

5.) Did someone else pay your personal expenses in 2016?
No
Yes, Name: Relationship:

Total \$ amount received or paid on your behalf in 2016:

Please provide an explanation detailing how your transportation and living expenses were paid:

Student Certification: I declare that all information submitted on this form is true and complete.
Note: Additional documentation may be requested

Student's Name (print):

Student's Signature: Date:

Parent signature required for dependent students:

Parent's Name (print):

Parent's Signature: Date: