



Financial Aid Office
2018/2019 Dependent/Parent's Statement of Support

Student Name: Last Name First Name Residence Address City State Zip

Parents Name completing form: Relationship to child:

Check box for any benefits received in 2016:

- SNAP HUD SSI/SSD WIC TANF Medicaid/Medicare Child Support Reduced price school lunch

How were you and/or your household supported during the 2016 year? For example: Lived with parent/other, HUD, Food Stamps, WIC, SSI, etc. If you received any of the above please tell us how much each month.

If someone else helped support you, how much money each month do they contribute towards living expenses? For example: cell phone, car insurance, car payment, etc.

Student did not work in 2016, but started working on Date @ earning \$

Parent 1 did not work in 2016, but started working on Date @ earning \$

Parent 2 did not work in 2016, but started working on Date @ earning \$

\*May request additional documentation

By signing below, I certify that all of the information on this form is true and complete.

Student

Date

Parent (if dependent)

Date