



Financial Aid Office
2018/2019 Independent Student Statement of Support

Student ID #: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

[ ] I and/or my spouse did not file a 2016 Tax Return.

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.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Did someone help support you in 2016? If yes, whom? \_\_\_\_\_ 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 \_\_\_\_\_ @ \_\_\_\_\_ earning \$ \_\_\_\_\_
Date

\*May request additional documentation

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

\_\_\_\_\_  
Student Date