



Financial Aid Office
2022-2023 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 2020:

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

How were you and/or your household supported during the 2020 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.

Blank lines for providing household support details.

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.

Blank lines for providing external support details.

Student did not work in 2020, but started working on [Date] @ [Address] earning \$ [Amount]

Parent 1 did not work in 2020, but started working on [Date] @ [Address] earning \$ [Amount]

Parent 2 did not work in 2020, but started working on [Date] @ [Address] earning \$ [Amount]

\*May request additional documentation

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

Student signature line

Date signature line

Parent (if dependent) signature line

Date signature line