



Financial Aid Office
2022-2023 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 2020 Tax Return.

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.

Did someone help support you in 2020? 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 2020, 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