

Student's Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

The income reported on your FAFSA application is not sufficient to meet basic living expenses in this area. The Financial Assistance Office is required to verify how you are able to live on this income. Complete this form to clarify how the basic needs of your household were met in 2016.

**Specify if the form is being used to explain the income of an:**
 Independent Student

**OR**
 Dependent Student

(Include Student &amp; Spouse income information)

(Include Student and Parent(s) income information)

**If anyone in your household received benefits from the following programs in 2015 or 2016, check the box that applies.**
 SNAP (Food Stamps)

 Free or Reduced Lunch

 Federally Subsidized Section 8  
Housing

 TANF or WIC

 Veteran's Education Benefits

 Social Security Benefits

**If you are supported by family or friends**, please provide an estimate of the total value of support provided for you and your household by another person (other than your parents if you are a dependent student) in 2016. If an item does not apply to you, simply indicate "N/A."

Rent \$ \_\_\_\_\_ Received in 2016

Cash Support \$ \_\_\_\_\_ Received in 2016

Utilities \$ \_\_\_\_\_ Received in 2016

Cash support is support given either in the form of money or money that is paid on your behalf. For example: A friend gives you money for groceries, your aunt pays your electric bill, or your grandparent pays all or part of your rent.

Food \$ \_\_\_\_\_ Received in 2016

Miscellaneous \$ \_\_\_\_\_ Received in 2016

**If none of the above categories applied to you, explain how your household was supported in 2016.**


---



---



---



---

Each person signing this worksheet certifies that all of the information reported on it is complete and correct.

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

 \_\_\_\_\_  
 Student's Signature (Required)

 \_\_\_\_\_  
 Date

 \_\_\_\_\_  
 Parent Signature (Required if dependent) / Spouse (Optional)

 \_\_\_\_\_  
 Date