

## **2020-2021 Household Resources**

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 2018.			
Specify if the form is being used to Independent Student (Include Student & Spouse income info	OR	The Dependent Student (Include Student and Parent(s) income information)	
If anyone in your household received benefits from the following programs in 2018 or 2019, check the box that applies.			
SNAP (Food Stamps)	□ Free or Reduced Lun	nch 🗌 Federally Subsidized Section	on 8
□ TANF or WIC	□ Veteran's Education	Benefits Housing	
Social Security Benefits			
		ide an estimate of the total value of support than your parents if you are a dependent stude	ent)
$\Box$ YES (If Yes please put an amount, $\_$ )			
If none of the above categories applied to you, explain how your household was supported in 2018.			
Each person signing this worksh information reported on it is con		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 deper	ndent) / Spouse (Optional)	Date	