



**2017-2018**

**Statement of Financial Support**

Student ID \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

The US Department of Education is requiring that you document how your family was financially supported in 2015. Students are required to report any cash support that they or their parents received. Cash support includes money, gifts, loans, housing, food, clothing, car payments or expenses, medical and dental care, and any money paid to someone else on their behalf. The US Department of Education requires that we verify this information before disbursing federal funds.

Description of Expense	Monthly Expense Amount for 2015
Rent or Mortgage	\$
Property Taxes and Insurance on Residence	\$
Utilities and Telephone	\$
Food	\$
Clothing	\$
Laundry and Cleaning	\$
Un-Reimbursed Medical and Dental Expenses	\$
Child Care	\$
Car Payment	\$
Car Insurance	\$
Gasoline or other Transportation Costs	\$
Child Support/Alimony paid by you or parent	\$
Other Personal Expenses (specify):	\$
<b>Total Monthly Expenses</b>	<b>\$</b>

**Please list all the MONTHLY resources that you and/or your Parent(s) used to meet the expenses listed above. Be sure to include all wages, TANF, child support received, unemployment benefits, social security benefits, SSI, disability, workers compensation, and/or any cash received.**

Resources/Person(s) who helped Support Family	Monthly Amount Received for 2015
1.	\$
2.	\$
3.	\$
4.	\$

- Did you or your Parent(s) receive SNAP benefits in 2015?  Yes  No
- Did you or your Parent(s) receive TANF benefits in 2015?  Yes  No
- Did any in your household participate in the free lunch program?  Yes  No
- Did you or your Parent(s) receive Subsidized Housing Benefits in 2015?  Yes  No

Certification: I hereby certify that all the information reported on this form is true, complete, and accurate. Further, I understand that false statements and/or misrepresentations will result in denial, reduction, withdrawal, and/or repayment of aid disbursed and student disciplinary action may be taken.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or Parent Signature

\_\_\_\_\_  
Date