



Student's Name: _____ Student ID: _____

The total income on your Student Aid Report for 2016 was unusually low for the number of people reported in your household. To show how your household was supported on this income, **COMPLETE THE FORM IN FULL** and return to our office. Your financial aid **will not** be processed until this form is completed, returned and verified by our office.

| 1. FEDERAL BENEFITS RECIEVED in 2016 | | |
|---|--|--|
| Did your family receive benefits from any of the federal programs listed below? If yes, please check which sources and who received it. | | |
| <input type="checkbox"/> | Medicaid or SSI (Supplemental Security Income) | <input type="checkbox"/> Student <input type="checkbox"/> Parent <input type="checkbox"/> Student's Spouse |
| <input type="checkbox"/> | Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> Student <input type="checkbox"/> Parent <input type="checkbox"/> Student's Spouse |
| <input type="checkbox"/> | Free or Reduced Price School Lunch | <input type="checkbox"/> Student <input type="checkbox"/> Parent <input type="checkbox"/> Student's Spouse |
| <input type="checkbox"/> | Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> Student <input type="checkbox"/> Parent <input type="checkbox"/> Student's Spouse |
| <input type="checkbox"/> | Special Supplemental Nutrition Program -Women, Infants, & Children (WIC) | <input type="checkbox"/> Student <input type="checkbox"/> Parent <input type="checkbox"/> Student's Spouse |

If no one in your household received any of the federal benefits above, complete the table below with the total amount paid in 2016 in each category and indicate the source of your payment.

| 2. OTHER RESOURCES RECEIVED in 2016. | | |
|--------------------------------------|--------------------|--|
| Categories | Total cost in 2016 | List all sources of payment for each. (ie; work, family, friends, public assistance, other). |
| Housing | \$ /year | |
| Utilities | \$ /year | |
| Food | \$ /year | |
| Clothes | \$ /year | |
| Transportation | \$ /year | |
| Telephone | \$ /year | |

Please use this space to provide any additional information:

CERTIFICATION

By signing this form, I certify all information reported on this form and within the enclosed documentation is complete and correct. I understand that providing false or misleading information may result in a fine, a prison sentence, or both, according to the Higher Education Act of 1965, as amended, Section 490(a). Any false or misleading information is subject to cancellation of all financial assistance.

Student Signature

Date

Parent Signature (*Required for Dependent Students*)

Date