



STUDENT NAME: _____ STUDENT ID: _____

Student/Spouse Statement of Financial Support (2017-18)

Because you (and your spouse, if married) reported minimal or zero income on the 2017-18 FAFSA, and/or you (or your spouse) did not file a 2015 tax return, we are requesting additional information about your financial support for 2015. Please complete the form below and submit a signed copy to the Office of Financial Aid. Please include your name and student ID number at the top of the form in the blanks provided.

1. HOUSEHOLD INFORMATION (check one):

_____ I/we currently rent my/our home. _____ I/we currently own my/our home.
 _____ I/we currently live with another person. Specify friend, family member, etc: _____

2. HOUSEHOLD & PERSONAL EXPENSES – complete the table below indicating all your (and your spouse’s if married) monthly household and personal expenses:

TYPE	MONTHLY AMOUNT	TYPE	MONTHLY AMOUNT
Rent (if renting home)		Home Phone	
Mortgage (if own home)		Cable/Internet	
Food		Car payment	
Natural Gas		Cell Phone	
Electric		Clothing	
Water/Sewer		Medical/Dental	
Garbage		Other	

3. SOURCES/AMOUNTS OF FINANCIAL ASSISTANCE – complete the table below indicating the source(s) and monthly amount(s) of yours (and your spouse’s, if married) financial assistance:

THE ABOVE EXPENSES ARE PAID FOR BY (specify family member, friend, church, other agency, government assistance like social security, disability, etc.):	MONTHLY AMOUNT PROVIDED

4. OTHER INFORMATION – please include below, any other information about how the family was financially supported in 2015 (please use another sheet if additional space is needed):

By signing this worksheet, I/we certify that all information reported is complete and accurate.

Student Signature _____

Date _____

Spouse’s Signature _____

Date _____