OFFICE OF FINANCIAL AID
STATEMENT OF SUPPORT - DEPENDENT

If you purposely give false or misleading information on this document, or on any financial aid form, you may be fined up to $20,000, be sent to prison, or both.

Student Name: ___________________________ Student ID #: __________

Parents Name: ____________________________

In review of your 2011-12 FAFSA application the reported income amount appeared to be unusually low. In order for us to continue to process your application for federal financial aid, we must confirm that the amount of income that was reported on the FAFSA.

In 2010 did you or your parents receive any of the following; please check all applicable:

___ Social Security Income (SSI)
___ Temporary Assistance for Needy Families (TANF)
___ Public Assistance
___ Unemployment Benefits

Explain how the costs for the following were met in 2010 for your household:

Housing: ______________________________________________________________________

Food: _________________________________________________________________________

Transportation: __________________________________________________________________

Child Care (if applicable): ____________________________________________________________________

Were any obligations or monetary contributions (such as rent or utility bills) paid on you or your parents behalf by another person that are not reflected elsewhere on this form? Y or N

If Yes, name the Person: __________________________

What is their relationship to you? ___________ What was the total amount paid: ____________

I certify that the information provided is complete and accurate and I understand that I may be required to provide supporting documentation. This documentation may include but is not limited to tax returns, pay stubs, explanation of benefits, or W-2’s.

Student Signature ___________________________ Date ______________________

Parent Signature _______________________________ Date ______________________