

Independent Student Support Form

Aid Year _____

Student's Last Name	Student's First Name	MI	Student's SSN or ID Number
Student's Email Address	Student's Phone Number	Student's Date of Birth	

Please provide information about any other resources, benefits and other amounts received by the student, spouse and any members of the student's household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and include such things as federal veterans' education benefits, military housing, SNAP, TANF, etc.

Please complete all sections of the form, for items that do not apply indicate with a "0" for amounts and "n/a" for other information. *If more space is needed, provide a separate page with the student's name and Social Security Number or student ID at the top.*

Name of Recipient	Type of Support	Amount of Financial Support Received in 2017
<i>Jim Jones (example)</i>	SNAP	\$4164
	AFDC Benefits (Specify Type)	
	TANF	
	SNAP	
	Housing Assistance (Specify Type)	
	Utility Assistance (Specify Type)	
	WIC	
	WIA	
	Social Security/SSI (Specify Type)	
	Combat Pay	
	Unemployment compensation	
	Student Aid used for living expenses	
	Alimony	

If you received other assistance that is not listed above please provide an explanation below with the type and amount of the assistance provided. *For example if your family lives with someone who provides you room and board for free please provide their name, relationship to you and an estimate for the amount of support provided.*

Comments:

CERTIFICATION AND SIGNATURES

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. **Please note - If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

The student must sign and date.

Student's Signature

Date

Spouse's Signature (optional)

Date