

This Space For Office Use Only – Please leave blank

Student Name _____ Student ID Number _____

TO BE COMPLETED BY STUDENT

The Department of Education selected your FAFSA for review due to income reported that does not appear sufficient to provide financial support to the number of family members listed. In order to proceed with your financial aid process, we need to have a better understanding of how you and your family (if applicable) is supported. Please review the options listed below and select the option that best represents your situation for 2014. When completing these questions, include information regarding you and anyone else living in your household that may be contributing to the support of you and your family (if applicable).

My family and I are supported by another person or person(s). If this is your situation, please indicate who is supporting you, their relationship to you (friend, family member, etc.), and detail regarding the kind of support (housing, food, utilities, etc.) that they provide to you and your family. Please also indicate the time period that this support was received:

Other: If the explanation above does not fit your situation, then please indicate your monthly expenses and provide detail regarding how you pay for those expenses. Include rent, food, utilities, transportation costs, etc. If you are receiving benefits from Family Independence Agency such as food stamps, WIC, rent subsidies, etc., please list the type of resource and amount you receive monthly.

Student Signature _____ Date _____