

NOTE: If you are considered a dependent student according to the government, your parents or guardian must complete this information. If you are considered an independent student, you must complete this information.

FROM JANUARY 1, 2009 TO DECEMBER 31, 2009, DID YOU OR YOUR PARENTS RECEIVE ANY OF THE FOLLOWING ASSISTANCE?

VA benefits	\$ _____	Per month for _____	Months
T.A.N.F	\$ _____	Per month for _____	Months
Food Stamps	\$ _____	Per month for _____	Months
Subsidized "Low Income" Housing	\$ _____	Per month for _____	Months
Untaxable payments of any kind	\$ _____	Per month for _____	Months
Social Security	\$ _____	Per month for _____	Months
Disability	\$ _____	Per month for _____	Months
Child Support	\$ _____	Per month for _____	Months

EXPENSES:

Amount paid out of your income from January 1, 2009 to December 31, 2009:

Rent	\$ _____	Per month
Utilities	\$ _____	Per month
Food	\$ _____	Per month
Clothing	\$ _____	Per month
Child care (daycare)	\$ _____	Per month
Medicine/Physicians	\$ _____	Per month
Medical insurance	\$ _____	Per month
Auto insurance	\$ _____	Per month
Car payments	\$ _____	Per month
Auto maintenance (gas, etc)	\$ _____	Per month

I / WE CERTIFY THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT.

Student Signature _____

E-mail address _____

Parent Signature (if applicable) _____

Date _____