



OFFICE OF STUDENT FINANCIAL AID
2021-2022 Parent Statement of Support

Parent's Name _____ SSN: _____

Student's Name _____ ID/SSN: _____

Based upon the information you provided on your Free Application for Federal Student Aid (FAFSA), we need more information about how you meet your living expenses (and if applicable provide more than 50% support for your child/dependent). Are you receiving public assistance or money from somewhere else to help pay your living expenses? Please explain in detail how you meet your financial obligations such as rent/mortgage, food, utilities, medical costs, childcare, transportation, miscellaneous expenses, etc. Federal regulations require that we ask you these questions. The word "you" in these questions refers to the parent.

1.) Please describe, in detail, your living situation in both 2020 and 2021.

Five horizontal lines for writing the response to question 1.

2.) Who provides your medical insurance? If applicable, who provides your child/dependent's medical insurance?

One horizontal line for writing the response to question 2.

3.) Do you have any income or assets? If so, how much do you receive per month? (Please include welfare (TANF), Social Security, unemployment, child support, disability, cash, etc.)

Table with 2 columns: Sources of Income, Amount per month. It contains 5 rows for data entry, each starting with a dollar sign (\$).

Please Continue on the Back ->

4.) What monthly expenses do you have and how much are you providing for these expenses? Please itemize these and provide how much the expenses are per month (i.e. clothing, food, medicine, etc.). DO NOT leave any blanks; enter 0 if you do not provide an amount.

Type of Expense	Total Cost per Month	Amount you provide (each month)
Rent/Mortgage	\$	\$
Food	\$	\$
Utilities (gas, electric, water etc.)	\$	\$

1. Do you receive Nutritional Assistance?

- | | | |
|---------------------|-----|----|
| a. WIC | Yes | No |
| b. SNAP/Food Stamps | Yes | No |

2. Does someone provide food for you? Yes No

3. Do you and/or your child receive medical card or equivalent? Yes No

4. Do you have subsidized housing? Yes No

5. Does someone provide housing for you? Yes No

a. If yes, is the lease in your name? Yes No

b. If yes to 5a, how much has been paid on your behalf in 2019? \$ _____

6. Do you receive assistance for utilities? Yes No

7. Does someone pay utilities for you? Yes No

a. If yes, are the utilities in your name? Yes No

b. If yes to 7a, how much has been paid on your behalf in 2019? \$ _____

Parent Signature (Required)

Date