

## 2020 – 2021 Supplemental Income Information

### A. STUDENT INFORMATION

Last name:	First name:	MI:
TC ID:	DOB:	Phone #:

**DEPENDENT** Students: Information provided by **PARENT**

**INDEPENDENT** Students: Information provided by **SELF**

### B. OTHER INCOME, BENEFIT OR HOUSING INFORMATION (Present Day)

Do you (the student) or your parent (if a dependent student) currently receive any of the following benefits?

Source of Support	YES	NO
Medicaid or SSI Benefits		
SNAP Benefits		
Free or Reduced-Price School Lunch Benefits		
TANF Benefits		
WIC Benefits		
Dislocated Worker		
Federal Housing		

### C. ADDITIONAL HOUSING AND SUPPORT INFORMATION FOR 2018

Did you receive Veterans' Non-Education Benefits in 2018?	No	Yes, Monthly amount: \$ _____ X _____ Months
Did you receive income in 2018 from an odd job? (Example: Yard work or cleaning houses)	No	Yes, Monthly amount: \$ _____ X _____ Months
Were you supported by someone else in 2018? (Independent students with no self-reported income.)	No	Yes, I was supported by: _____ Relationship: _____ Averagemonthlyamount: \$ _____ X _____ Months
Did you receive child support in 2018?	No	Yes, Monthly amount: \$ _____ X _____ Months
Did you pay child support in 2018?	No	Yes, Monthly amount: \$ _____ X _____ Months
Were you incarcerated for any portion of 2018?	No	Yes, for _____ months.
Were you considered homeless for any portion of 2018?	No	Yes, for _____ months.

**D. EXPLANATION: If you did not indicate that you receive any of the above benefits, please explain your financial situation for 2018.**

### Certification and Signature

By signing this form, I certify that all of the information reported is true and correct to the best of my knowledge. I acknowledge that by purposely giving false or misleading information in order to obtain financial aid is punishable by a fine, imprisonment or both. If asked by the Financial Aid Office, I will provide supporting documentation.

\_\_\_\_\_  
Student's Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (Required if Dependent)

\_\_\_\_\_  
Date