

2021 – 2022 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		
In 2019 <u>or</u> 2020, did you (the student) or your parent (if a dependent student) receive any of the following benefits?		
Source of Support	YES	NO
Medicaid or SSI Benefits	<input type="checkbox"/>	<input type="checkbox"/>
SNAP Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Free or Reduced-Price School Lunch Benefits	<input type="checkbox"/>	<input type="checkbox"/>
TANF Benefits	<input type="checkbox"/>	<input type="checkbox"/>
WIC Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Federal Housing	<input type="checkbox"/>	<input type="checkbox"/>
Are you a Dislocated Worker?	<input type="checkbox"/>	<input type="checkbox"/>

C. ADDITIONAL HOUSING AND SUPPORT INFORMATION FOR 2019		
Did you receive Veterans' Non-Education Benefits in 2019? (ex. VA Disability)	<input type="checkbox"/> NO	<input type="checkbox"/> Yes, Monthly amount: \$ _____ X _____ Months
Did you receive income in 2019 from an odd job? (Example: Yard work or cleaning houses)	<input type="checkbox"/> NO	<input type="checkbox"/> Yes, Monthly amount: \$ _____ X _____ Months
Were you supported by someone else in 2019? (Independent students with no self-reported income.)	<input type="checkbox"/> NO	<input type="checkbox"/> Yes, I was supported by: _____ Relationship: _____ Average monthly amount: \$ _____ X _____ Months
Did you receive child support in 2019?	<input type="checkbox"/> NO	<input type="checkbox"/> Yes, Monthly amount: \$ _____ X _____ Months
Did you pay child support in 2019?	<input type="checkbox"/> NO	<input type="checkbox"/> Yes, Monthly amount: \$ _____ X _____ Months
Were you incarcerated for any portion of 2019?	<input type="checkbox"/> NO	<input type="checkbox"/> Yes, for _____ months.
Were you considered homeless for any portion of 2019?	<input type="checkbox"/> NO	<input type="checkbox"/> Yes, for _____ months.

D. EXPLANATION: If you did not indicate that you receive any of the above benefits, please explain your financial situation for 2019.

Certification and Signature			
<p>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.</p>			
_____ Student's Signature (Required)	_____ Date	_____ Parent's Signature (Required if Dependent)	_____ Date