

Student Financial Services

500 Rutherford Avenue, Charlestown MA 02129 Phone: (617) 873-0403 Fax:(617) 242-0028 Email: SFSdocuments@cambridgecollege.edu

2017 – 2018 Means of Support Dependent Students

Clarification is needed regarding the income/means of support provided on the 2017-2018 FAFSA for the 2015 calendar year. The law says that before awarding Federal Student Aid, we are required to confirm the information you reported on your FAFSA as it appears to be insufficient to support your household expenses. Answer all questions below and do not leave anything blank. Should the Financial Aid Office, upon review of this form, the student will be notified.

Stuc	lent's Last Name	Student's First Name	Student's M.I.	Student ID#				
1.	Did you and your famil	ly live with someone who p	rovided you with	free room and board in 2015? Yes N				
2.	Did you and/or your family live in another country in 2015? ☐ Yes ☐ No							
3.	If you and/or family lived in another country in 2015, please provide a detailed explanation of you and/or your spouse's foreign income and expenses including amount earned from work, benefits or other sources of income (in US dollars):							

4. Complete the table below indicating your YEARLY total expenses for 2015.

	PARENT AN D STUDENT		
1.Rent/Mortgage	\$		
2. Utilities	\$		
3. Food	\$		
4. Transportation (car payments, insurance, gas, bus fare)	\$		
5. Personal (clothing, miscellaneous expenses, etc.).	\$		
6. Child Care Expenses	\$		
7. Medical Expenses	\$		
8. Other (specify):	\$		
9. Other (specify):	\$		
TOTAL Expenses:	\$		



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5. Complete the table below indicating your YEARLY total resources for 2015.

			PARENT A	ND STUDENT	
. Total Wages.		\$			
2. Untaxed Supplemental Security Income.		\$			
3. Untaxed Social Security Income.			\$		
4. Child Support RECEIVED for ALL of your children.			\$		
5. Alimony Received.			\$		
6. Unemployment Income.			\$		
7. Payments to tax deferred pension and savings plans (paid directly or withheld from earnings), including but not limited to amounts reported on the W2 forms.			\$		
3. Housing, food and other living allowances paid to members of the military, clered others (including cash payments and cash value of benefits. DO NOT NCLUDE the value of on base military housing).			y \$		
9. Housing Subsidy (Section 8) and/or Fuel Assistance.		\$			
10. Veterans non-education benefits, such as Disability, Death Pension or Dependency & Indemnity Compensation and/or VA Educational Work-Study allowances.		\$			
11. Disability Income	е. Туре:		\$		
12. Welfare/TANF (Temporary Assistance to Ne	edy Families).	\$		
13. Workman's Com	pensation Income.		\$		
14. First Time Home	Buyer Credit from IRS Form	m 1040.	\$		
15. Money received, or p	aid on your behalf (e.g. bills)	not reported elsewhere.	\$		
16. Any Additional S	ource(s):		\$		
		TOTAL Resources: (Lines 1 -16)	\$		
17. Did you receive I	Free or Reduced Lunch bene	fits?	☐ Yes	□ No	
18. Did you receive V	Woman, Infants and Children	ı (WIC) benefits?	☐ Yes	□No	
of how you and your fan	nily met your living expenses	our 2015 total annual resources. (Please attach a typed stateme	nt if additional spa	ace is needed).	
the request of the Financial A					
ident Signature	Date	Parent Signature	Date		