



Student Financial Services

Means of Support – Dependent Student

2018-2019

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

Clarification is needed regarding the income/means of support provided on the 2018-2019 FAFSA for the 2016 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 Office of Student Financial Services need additional documentation upon review of this form, the student will be notified.

Student's Last Name Student's First Name Student's M.I. Student ID#

1. Did you and your family live with someone who provided you with free room and board in 2016? Yes No
2. Did you and/or your family live in another country in 2016? Yes No
3. If you and/or family lived **in another country** in 2016, 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 2016.

	STUDENT	PARENT
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:	\$	\$
TOTAL Expenses for BOTH Student and Parent:		\$



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5. Complete the table below indicating your YEARLY total resources for 2016.

	STUDENT	PARENT
1. 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.	\$	\$
8. Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits. DO NOT INCLUDE the value of on base military housing).	\$	\$
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. Type:	\$	\$
12. Welfare/TANF (Temporary Assistance to Needy Families).	\$	\$
13. Workman's Compensation Income.	\$	\$
14. First Time Home Buyer Credit from IRS Form 1040.	\$	\$
15. Money received, or paid on your behalf (e.g. bills) not reported elsewhere.	\$	\$
16. Any Additional Source(s): _____	\$	\$
TOTAL Resources: (Lines 1 -16)	\$	\$
TOTAL Resources for BOTH Student and Parent:		\$
17. Did you receive Free or Reduced Lunch benefits?	Y N	Y N
18. Did you receive Woman, Infants and Children (WIC) benefits?	Y N	Y N

6. If combined 2016 total expenses were greater than your combined 2016 total resources, please provide a detailed explanation of how you and your family met your living expenses. (Please attach a typed statement if additional space is needed).

I certify that the information provided above is complete and correct. I understand that I may be required to provide additional information at the request of the Financial Aid Office.

Student Signature _____ Date _____ Parent Signature _____ Date _____