2015-2016
Means of Support Form

You indicated that you provide support to a dependent child or other dependent on questions # 51 and/or #52 of the 2015-2016 FAFSA. You are being asked to complete this form to show proof of your ability to support yourself and dependent child or other dependent. You reported unusually low earnings on the 2015-2016 FAFSA to support yourself and your dependent child or other dependent. At this time, your dependency status has not been confirmed. You must submit this form in detail for evaluation by a financial assistance advisor in order to see if you can forgo adding parental information or if you need to make corrections adding parental information and signatures to the 2015-2016 FAFSA.

Please complete the information below to explain your means of support and expenses. Please fill out each section completely and include any supporting documentation to help the processor better evaluate your dependency status. You can return this form to our office in person, by mail, by fax or through email. Processing time for the Means of Support and Obligations form can take up to 3-5 business days from the date the last document is received. Once processed, you will be notified of the determination and next required steps through Cardinal Mail.

**Black Ink Only**

1. Did you work in 2014?.................................................................................................... Yes____ No____

2. If YES, did you file a federal income tax return in 2014?.................................................. Yes____ No____

If YES: Please list your Adjusted Gross Income found on your 2014 tax return...........................$_______

(1040– line 37, 1040A– line 21, 1040EZ– line 4 or submit a copy, *optional).

3. Do you currently work?.................................................................................................... Yes____ No____

If YES: Please list the name of your current employer and estimated current monthly earnings. _______________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

If NO: Please list in detail your sources of support (Cash Support from Parents or Relatives, Other Income.
DO NOT include financial aid).
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

4. Do you receive Child Support?.......................................................................................... Yes____ No____

If YES, please list the amount of **monthly** child support you receive.................................$_______

(Two Sided Document)
5. Do you receive government assistance? (WIC, Housing, SNAP Benefits, Etc)………Yes____   No____

If YES, please list each benefit you receive and the amount(s)

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In the chart below please include a dollar amount for any/all of the expenses that you are currently required to pay (please indicate costs by month. If nothing, please write zero):

<table>
<thead>
<tr>
<th>Expense</th>
<th>Examples</th>
<th>Cost</th>
<th>Amount You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>Rent or Mortgage</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Food</td>
<td>Groceries</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Personal Expenses</td>
<td>Clothes, Entertainment, Etc.</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Utilities</td>
<td>Water, Electric, Phone, Cable, Etc.</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Vehicle Costs</td>
<td>Payments, Car Insurance, Gas, Etc.</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Insurance</td>
<td>Health, Home, Etc.</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other Obligations</td>
<td>Credit Card Debt, child care, etc.</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

6. Please give a brief description of your current financial, living, and transportation circumstances. You may attach a separate sheet if necessary.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

CERTIFICATION STATEMENT

I certify that the information I submit for review is true and correct to the best of my knowledge and belief. I have read each section and have provided the required documentation. I understand that underestimating projected income could result in reduced eligibility, repayment of aid, or both, in this year or next year.

Student Signature: ________________________________  Date: ________________

(Required)