

2019-2020 Certification of Income & Benefits Dependent Student

Student Name _____ SSN/SID _____

This form is to be completed and signed by the Parent(s) listed on the FAFSA

1. Did you (the parent(s)) have earnings in 2017? No Yes – **Attach ALL 2017 W-2s**
2. Did you (the parent(s)) receive any federal or state benefits in 2017? No Yes – **Circle ALL benefits received**

TANF/Welfare payments WIC Untaxed Social Security Benefits Supplemental Security Benefits Housing

Other Benefits not circled above:

Source _____ Total amount received in 2017 \$ _____

Source _____ Total amount received in 2017 \$ _____

3. Did you (the parent(s)) receive SNAP benefits (formerly known as Food Stamps) in 2016 or 2017? No Yes

4. Did someone give you (the parent(s)) cash or pay your bills? No Yes – **List source and amount**

Source _____ Total amount received in 2017

Source _____ \$ _____ Total amount received in 2017

5. Did someone provide you (the parent(s)) with free housing in 2017? _____

No – Explain how your expenses were met. **Yes**

6. Did someone provide you (the parent(s)) with free food in 2017?

No – Explain how your expenses were met. **Yes**

(Use the back of the form if you need more room to explain)

Parent Signature _____

Date _____

Please **print**, then sign and date above.