

# 2019-2020 Certification of Income and Benefits Independent Student

Student Name \_\_\_\_\_ SSN/SID \_\_\_\_\_

1. Did you (the student and/or spouse) have earnings in 2017?  No  Yes – **Attach ALL 2017W-2s**

2. Did you (the student and/or spouse) receive any benefits in  No  Yes – **Check ALL benefits received**

**2016?** **SNAP/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 student and/or spouse) receive SNAP benefits (food stamps) in 2016 or 2017?  No  Yes

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

Source \_\_\_\_\_ Total amount received in

Source \_\_\_\_\_ 2017 \$ \_\_\_\_\_ Total amount received

in 2017 \$ \_\_\_\_\_

5. Did someone provide you (the student and/or spouse) with free housing in 2017?

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

6. Did someone provide you (the student and/or spouse) 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)

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

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