

2020-2021 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 2018? No Yes – **Attach** ALL 2018 W-2s

2. Did you (the parent(s)) receive any federal or state benefits in 2018? 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 2018 \$ _____

Source: _____ Total amount received in 2018 \$ _____

3. Did you (the parent(s)) receive SNAP benefits (formerly known as Food Stamps) in 2017 or 2018? 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 2018 \$ _____

Source: _____ Total amount received in 2018 \$ _____

5. Did someone provide you (the parent(s)) with free housing in 2018?

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

6. Did someone provide you (the parent(s)) with free food in 2018?

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.