

2021-2022 Certification of Income & Benefits Dependent Student

Student Name _____ EMPLID _____

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 2019? No Yes – **Attach** ALL 2019 W-2s

2. Did you (the parent(s)) receive any federal or state benefits in 2019? 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 2019 \$ _____

Source: _____ Total amount received in 2019 \$ _____

3. Did you (the parent(s)) receive SNAP benefits (formerly known as Food Stamps) in 2018 or 2019? 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 2019 \$ _____

Source: _____ Total amount received in 2019 \$ _____

5. Did someone provide you (the parent(s)) with free housing in 2019?

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

6. Did someone provide you (the parent(s)) with free food in 2019?

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.