

## Form INDEPENDENT STUDENTS

## Student's Name: \_

.ID#: \_

The total income reported on your 2021-2022 FAFSA is low. Please provide information below about any other financial resources, benefits, and other amounts received by the student and/or spouse and any other members of the household, so that we can fully understand the household financial situation.

## Please check any boxes below that apply to you and show how your family' living expenses were met for 2019 and provide total amount of support received

Туре	CHECK BOX	How your living expenses were met	Total amount
Housing		Someone else paid the rent or mortgage in mine or my spouse's name	
		In the explanation section below, you must also provide the name and relationship of the person paying the lease	
		I (/my spouse) lived with a relative or someone else who provided us free room and board in 2019	
		In the explanation section below, you must also provide the name and relationship of the person providing room and board	
		I (/my spouse) lived in subsidized housing	
Utilities/bills		I (/my spouse) had utilities or bills paid by someone else Example: electric, phone, insurance.	
Food		I (/my spouse) received money for food	
		I (/my spouse) received free meals	
		I (/my spouse) received food stamps	
Cash Gifts		I (/my spouse) received spending money	
Child support		I (/my spouse) received child support payments	
Cash paying jobs		I (/my spouse) was paid in cash for services Example: yard work, cleaning, babysitting	
		You must also attach W-2s, 1099's etc. If you do not have a W-2, submit a statement explaining the source and amount of income	
Benefit programs		I (/my spouse) received benefits from any the following programs: social security benefits, welfare, unemployment benefits, workers' compensation, VA benefits, etc	
Other		Please list all other sources:	

Please give a brief explanation as to how you (and your spouse) were able to pay for your living expenses in 2019

## **Certification and Signatures**

I (we) hereby attest that all the information on this form is accurate to the best of my (our) knowledge. I (we) understand that providing false or misleading information can jeopardize the student's financial aid eligibility.

Student's signature	Date:
Spouse's signature	Date:

TEL 718.631.6367, FAX 718.281.5121, LIBRARY BUILDING ROOM 409, 222-05 56<sup>TH</sup> AVENUE, BAYSIDE, NY 11364-1497