



FINANCIAL AID & SCHOLARSHIPS OFFICE

2023-2024 Independent Means of Support

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STUDENT INFORMATION

Student Name: _____ Student ID: _____

Email: _____ Phone Number: _____

Current Address: _____

MEANS OF SUPPORT

Please complete the following table based on household information for 2021

EXPENSE	ESTIMATED MONTHLY AVERAGE FOR HOUSEHOLD	HOW WERE EXPENSES PAID?
Housing <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Lived with Others	\$ _____	<input type="checkbox"/> Employment Income → <input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Subsidized Housing <input type="checkbox"/> Someone Else Paid <input type="checkbox"/> Financial Aid <input type="checkbox"/> Other (be specific): _____
Transportation Form used to get to school: _____	\$ _____	<input type="checkbox"/> Someone Else Paid <input type="checkbox"/> Financial Aid <input type="checkbox"/> Other (be specific): _____
Food & Personal Items Including groceries, health care, personal care, etc.	\$ _____	<input type="checkbox"/> Employment Income → <input type="checkbox"/> Student <input type="checkbox"/> Spouse <input type="checkbox"/> Food Stamps (SNAP/WIC) <input type="checkbox"/> Someone Else Paid <input type="checkbox"/> Financial Aid <input type="checkbox"/> Other (be specific) _____

OTHER BENEFITS

Does anyone in your household receive any of the following benefits? (Mark all that apply)

- Social Security Benefits TANF Disability Unemployment Benefits
 Veteran's Educational Benefits Child Support Received

SIGN AND DATE THIS FORM

By signing this worksheet, I (we) certify that all the information reported to qualify for Federal student aid is complete and correct. Typed signatures are not valid for the purpose of submitting this form. Signatures must be handwritten.

Student

Date

Spouse (Optional)

Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.