

Name (Please Print) _____

Social Security Number _____

Student ID Number _____

In order to process your student aid application, our office must confirm that you are providing more than fifty percent of the financial support for your dependents from July 1, 2008 through June 30, 2009. Please complete this form & attach 2007 W-2's & federal income tax returns for both you and your parents.

PART I – To be completed by student

Please list the name of the children to be considered the student's dependents and/or any dependents other than children or spouse.

Children/Other Dependents:

Name	Age	Relationship	# of months living with you

Indicate the sources of income and benefits received monthly from January to December 2007, along with the **TOTAL** received in 2007. Attach copies of pay-stubs, statements of benefits (food stamps, welfare, housing assistance, AHCCCS, etc.), to document the resources listed below:

Student's Income Information

Source of Income	Monthly Amount	Total Amount in 2007	Amount in 2008
Earnings from employment	\$	\$	
Unemployment benefits	\$	\$	
TANF/AFDC	\$	\$	
Welfare	\$	\$	
Housing Assistance	\$	\$	
Child Support	\$	\$	
Social Security	\$	\$	
Food Stamps	\$	\$	
Health Care Assistance	\$	\$	
Monetary gifts from other people	\$	\$	
Other (please identify)	\$	\$	

For Office Use Only
Student's Total Income: _____

PART II – To be completed by parent(s), if student lives with them
Parent's Income Information

Source of Income	Monthly Amount	Total Amount in 2007	Amount in 2008
Earnings from employment	\$	\$	
Unemployment benefits	\$	\$	
TANF/AFDC	\$	\$	
Welfare	\$	\$	
Housing Assistance	\$	\$	
Child Support	\$	\$	
Social Security	\$	\$	
Food Stamps	\$	\$	
Health Care Assistance	\$	\$	
Monetary gifts from other people	\$	\$	
Other (please identify)	\$	\$	

For Office Use Only
Parent's Total Income: _____

Student's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____

