

# 2009-2010 Student Support of Others Form



**STUDENT NAME:** \_\_\_\_\_ **Banner Student ID#: M00** \_\_\_\_\_

Please provide information regarding the person whom you support, as claimed on the FAFSA application.

1. Write the First and Last Name of the person whom you claim that you support:  
\_\_\_\_\_
2. What is the relationship of this person to you (example: brother, sister, friend cousin etc.)?  
\_\_\_\_\_
3. Did you claim this person on your 2008 Federal Tax Return?  No OR  Yes  
**If yes,** please provide a signed copy of your **2008 Federal Tax Return.**
4. Do you have a public assistance budget?  
 No OR  Yes  
**If yes,** please attach a copy of the budget sheet.
5. Did this person live with you in 2008?  
 No OR  Yes
6. Does this person live with you now?  
 No OR  Yes
7. Will this person live with you during the 2009-2010 school year?  
 No OR  Yes
8. Did this person have any income in 2008?  
 No OR  Yes  
**If yes,** indicate the amount of income \$ \_\_\_\_\_

9. Indicate the total amount of income earned or received **by or for this person** in 2008 for each of the sources listed below. **Indicate \$0 if none received.** Since we cannot assume any information, any blanks will delay processing of your Financial Aid.
 

Income from work:	\$ _____
Welfare/AFDC/TANF:	\$ _____
Untaxed Pension Amounts:	\$ _____
Social Security Benefits: (Including SSI or SSD)	\$ _____
Workers Compensation	\$ _____
Child Support Received (for this person)	\$ _____
Any other source of income	\$ _____
Source:	_____
Net Worth of Savings or Investments of this person:	\$ _____
10. Indicate the total amount of support you provided for this person in 2008 for each item listed below (You may be asked to submit documentation):
 

Housing	\$ _____
Food	\$ _____
Health Insurance or Medical Expenses:	\$ _____
Personal Items	\$ _____
Other items you Provided:	\$ _____
Please list items:	_____
_____	

Does anyone else provide any means of support for this person?  No OR  Yes  
**If yes,** please explain: \_\_\_\_\_  
\_\_\_\_\_

✓ Please mail to MCC Financial Aid Office; 1000 East Henrietta Road; Rochester, NY 14623; or submit by fax to (585) 292-3840 (Brighton) or 262-1733 (Damon), or e-mail as attachment to [financialaid@monroecc.edu](mailto:financialaid@monroecc.edu), or deposit it in the Drop Box outside the Financial Aid Office (Building 6 Room 207)

✓ If you have any questions about this form, contact us by email at [financialaid@monroecc.edu](mailto:financialaid@monroecc.edu) or call us at (585) 292-2050 (Brighton) or 262-1670 (Damon).

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\*\*\*\*If there are any other details you would like us to consider related to your support of this person, please feel free to explain on the back of this form.\*\*\*\*\*