

2007-2008 Parent Support of Others Form



STUDENT NAME: _____ Banner Student ID#: M00

Please provide information regarding the person whom your parent(s) support, as claimed on the FAFSA application.

1. Write the First and Last Name of the person whom you claim that your parent(s)' support:

2. What is the relationship of this person to the student (example: brother, sister, friend cousin etc.)?

3. Was the person claimed on your parent(s) 2006 Federal Tax Return? No OR Yes
If yes, please provide a signed copy of your parent(s)' **2006 Federal Tax Return.**
4. Does your parent(s)' have a public assistance budget that includes assistance for this person?
 No OR Yes
If yes, please attach a copy of the budget sheet.
5. Did this person live with your parent(s)' in 2006?
 No OR Yes
6. Does this person live with your parent(s) now?
 No OR Yes
7. Will this person live your parent(s)' during the 2007-2008 school year?
 No OR Yes
8. Did this person have any income in 2006?
 No OR Yes
If yes, indicate the amount of income \$ _____

Student Signature

Date

Parent 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.*****

9. Indicate the total amount of income earned or received **by or for this person** in 2006 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 your parent provided for this person in 2006 for each item listed below (You may be asked for documentation):

Housing \$ _____
 Food \$ _____
 Health Insurance or
 Medical Expenses: \$ _____
 Personal Items \$ _____
 Other items your parent(s)'
 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, 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 by email at financialaid@monroecc.edu or call us at (585) 292-2050.