

2007-2008 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 2006 Federal Tax Return? No OR Yes

If yes, please provide a signed copy of your **2006 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 2006?

No OR Yes

6. Does this person live with you now?

No OR Yes

7. Will this person live with you 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

*****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 you 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 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, 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.