



2020-2021 Independent Student Statement of Support

Student Name: _____ WSCC ID: _____ DOB: ____/____/____

Based upon information you provided on your Free Application for Federal Student Aid, we need more information on how you meet your living expenses (and if applicable, provided more than 50% support for your child/dependent).

- Are you receiving public assistance or money from somewhere else to help pay your living expenses?
- Please explain in detail how you meet your financial obligations such as rent/mortgage, food, utilities, medical costs, child care, transportation, miscellaneous expenses, etc.

1.) Please describe your living expenses in 2018 and how those expenses were met.

2.) Who provides your medical insurance? If applicable, who provides your child/dependent’s medical insurance?

3.) Do you have any income? If so, how much do you receive per month? ***(Please include Job and Family Services Benefits (TANF), Social Security, unemployment, child support, disability, etc.)***

Source of Income	Amount per month
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4.) What monthly expenses do you have and how much are you paying towards these expenses? Please itemize your living expenses, how much you pay towards your living expenses each month, and the amount and source of other assistance you receive to help with each type of living expense.

Type of Expense	Amount per month	Amount student pays	Amount & Source of other assistance
Rent/Mortgage	_____	_____	_____
Food	_____	_____	_____
Utilities (gas, electric, water, etc.)	_____	_____	_____
Transportation and Insurance	_____	_____	_____
Medical expenses and Insurance	_____	_____	_____
Clothing	_____	_____	_____
Cell Phone	_____	_____	_____
Childcare	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____

5.) **SIGNATURE STATEMENT** - *By signing this verification form, I certify that all of the information reported is complete, true and correct.*

Student's Signature: _____ Date: _____