



## 2020-2021 Dependent Student Statement of Support

Student Name: \_\_\_\_\_ WSCC ID: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Name: \_\_\_\_\_

Based on the information provided on your Free Application for Federal Student Aid (FAFSA), we need more information about how your parent(s) meet their living expenses. Please explain in detail how your parent(s) meet their financial obligations such as rent/mortgage, food, utilities, medical costs, child care, transportation, miscellaneous expenses, etc.

1.) Does the student live in the parent(s)' household?  Yes  No

2.) Please describe the parent(s) living expenses in 2018 and how those expenses were met.

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3.) Parent(s), 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 the parents have and how much do the parent(s) pay towards these expenses each month? Please itemize parent(s) expenses per month (i.e., rent/mortgage, food, utilities, childcare, etc.), how much the parent(s) pay towards each type of expense, and the amount and source of assistance the parent(s) may receive to help with each type of expense.

Type of Expense	Total Cost per month	Amount parent 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: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_