



## 2022-2023 Independent Student Statement of Support

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

Spouse's Full Name (if applies): \_\_\_\_\_

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 **2020** and how those expenses were met.

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

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3.) Do you have any income? If so, how much do you receive per month?

***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 (and your spouse, if applies) have and how much are you paying towards these expenses?

Itemize your living expenses, how much you (and your spouse, if applies) pay towards living expenses each month, and the amount and source of other assistance received to help with each type of living expense.

Type of Expense	Cost per Month	Amount Student (Spouse) pays out of pocket per Month	Amount & Source of Assistance
Rent/Mortgage			
Food			
Utilities (gas, internet, electric, water, etc.)			
Transportation and Insurance			
Medical expenses and Insurance			
Clothing			
Cell Phone			
Childcare			
Other			
Other			

5.) **CERTIFICATION AND SIGNATURE**

I (*we*) certify that all the information reported to qualify for federal aid is complete and correct to my knowledge. If additional documentation is required, I will submit those documents in a timely manner. I understand that if I purposely give false or misleading information, I may be fined, sentenced to jail, or both and my financial aid may be terminated.

**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

\_\_\_\_\_  
Student's Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (Required)

\_\_\_\_\_  
Date

RETURN THIS FORM: Completed forms and documents may be dropped off in person at the WSCC Student One Stop. Or, fax 740.376.0257, scan & email [finaid@wscc.edu](mailto:finaid@wscc.edu) or mail 710 Colegate Dr., Marietta, OH 45750.