



2018-2019 Verification of Means of Support

Required for:

- STUDENT AND/OR**
 PARENT OF DEPENDENT STUDENT

Clarification is needed regarding the income/means of support provided on the 2018-2019 FAFSA for the **2016** calendar year. Often, when a student or a student's parent(s) are asked to specifically explain the family's means of support, a student/parent discovers they have forgotten to list some sources of income/support on the application.

1. IN 2016 OR 2017 DID YOU OR ANYONE IN YOUR HOUSEHOLD RECEIVE THE FOLLOWING:

- Social Security Benefits
 Temporary Assistance for Needy Families (TANF)

IF YOU DID NOT CHECK EITHER OPTION ABOVE, COMPLETE STEP 2

2. If you did not check either option above, then please answer the questions below. Report the total amount received and the source of payment made on your behalf. Your source of payment may have been work, family, friend, local assistance, etc.

Bill	Total Support Received in 2016	Bill obligation in your name**	Source of Payment	Examples of Source of Payment
Housing	\$	Y N		Food Stamps (SNAP), WIC, Free or Reduced Lunch, Fuel Assistance, State/City/Town Assistance, Child Support Received, Credits Cards, Someone else paid for you, Work, Savings, Student Loans...
Utilities	\$	Y N		
Food	\$	Y N		
Clothing	\$	Y N		
Transportation/car payment	\$	Y N		
Phone	\$	Y N		

****Answer Y if you have an account and payment responsibility in your own name for item. For example, if you have a cell phone account and the bill is in your name and another person pays your bill on your behalf you would answer Y. If you are given a phone to use whose account and bill is in the name of another person, answer N.**

I/We certify that the above information about means of support is complete and correct. I/We understand that the information on this form may require further follow up from the Financial Aid Office. By signing this form, I/we certify that all of the information reported to qualify for Federal Student Aid is complete and correct. If I receive financial aid based on false or misleading information, I will be required to return the funds.

STUDENT NAME: _____ GBCC ID: _____

STUDENT SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____
 (If Dependent student)