



2016-2017 Documentation of Financial Support Form

SECTION 1: PERSONAL INFORMATION

Student's Full Name: _____
last first middle initial

Social Security #: _____ ESCC Student #: _____

Cell #: _____ Home #: _____

Home Address _____

City/State/Zip Code _____

E-Mail Address _____ Program of Study: _____

SECTION 2: INSTRUCTIONS

The amount of taxable and/or untaxed income you reported for the 2015 tax year on your 2016-2017 Free Application for Federal Student Aid (FAFSA) appears to be insufficient to support the number of individuals living in your household. In order to complete the processing of your financial aid, we need to document how you paid for certain living expenses. Below is a list of expense areas common to most students. Please show where the funds came from for your financial support in the areas listed. If someone paid the expenses on your behalf, please indicate the value of what was provided. Indicate "N/A" if an item does not apply to you.

Directions: Please check the type, and indicate the source and value of the support you received from January 1, 2015 through December 31, 2015. Support includes money paid to you directly, as well as money paid to others on your behalf for educational expenses, rent, utilities, food, transportation, personal, medical, insurance, etc.

SECTION 3: SUPPORT RECEIVED

Documentation of Financial Support for 2015 (January 1 – December 31, 2015)		
Type of Expense	Who Paid the Expense?	How much was paid for the entire year?
<input type="checkbox"/> Educational		\$
<input type="checkbox"/> Rent		\$
<input type="checkbox"/> Utilities		\$
<input type="checkbox"/> Food		\$
<input type="checkbox"/> Transportation		\$
<input type="checkbox"/> Personal		\$
<input type="checkbox"/> Other		\$
Total Support Received in 2015		\$

SECTION 4: CERTIFICATION

All of the information provided on this form is accurate and complete to the best of my knowledge. If requested, I agree to give proof of the information I have provided on this form. Proof may include court documents, canceled checks, etc. Failure to provide the requested information may result in the loss of financial aid eligibility.

Student Signature: _____ Date: _____