

Student's Name: \_\_\_\_\_ SFID#: \_\_\_\_\_

The income reported for yourself on the 2017 – 2018 FAFSA shows that you lived on zero or a low amount to support those in your household. Please use this form to clarify how you were able to support your household for 2015.

**\*If more space is needed, please provide a separate page that includes the student's name and ID number at the top.**

2015 TOTAL INCOME	ANNUAL STUDENT INCOME
Income from Employment and/or Self-Employment	\$ _____ per year
Unemployment Benefits	\$ _____ per year
Child Support <b>RECEIVED</b>	\$ _____ per year
Non-Educational VA Benefits	\$ _____ per year
Financial Support/ Money paid or received on your behalf (Including money from friends and family)	\$ _____ per year
<b>ANNUAL TOTAL →</b>	<b>\$ _____ per year</b>

OTHER INCOME AND SUPPORT FOR 2015		
Educational VA benefits ↳ (GI Bill, VASH)	<input type="checkbox"/> ← YES	<input type="checkbox"/> ← NO
Financial Aid (From Santa Fe or other schools) ↳ (Student Loans, Grants, other Scholarships)	<input type="checkbox"/> ← YES	<input type="checkbox"/> ← NO
Social Security Benefits/ Medicaid ↳ (SSI, SSD Disability, Survivor's Benefits, etc.)	<input type="checkbox"/> ← YES	<input type="checkbox"/> ← NO
Savings, Personal Loans, Private Student Loans, and Credit Card Charges	<input type="checkbox"/> ← YES	<input type="checkbox"/> ← NO
Governmental Food Assistance ↳ (Food Stamps, EBT, SNAP, Free/Reduced Lunch, WIC, etc.)	<input type="checkbox"/> ← YES	<input type="checkbox"/> ← NO
Governmental Housing Assistance ↳ (TANF, HUD, Section 8, etc.)	<input type="checkbox"/> ← YES	<input type="checkbox"/> ← NO
Did you live with someone else in 2015 who supported themselves and you? ↳ (Parents, grandparents, other relative, boyfriend, girlfriend, etc.)	<input type="checkbox"/> ← YES	<input type="checkbox"/> ← NO

**I certify all information reported on this form is complete and correct. I understand that if I purposely give false or misleading information on this form, I may be fined, sentenced to jail or both.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SANTA FE COLLEGE • FINANCIAL AID OFFICE

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