

2012-2013 Parent Statement of Support

In order that we may understand how your family's daily living needs are supported with very low or no reported 2011 income on your FAFSA, we are requesting that you answer the questions on this worksheet. Federal regulations require that we ask you these questions. The word "you" in these questions refers to the parent. Please return this completed and signed worksheet to the Berklee Office of Financial Aid.

Student Name _____ **Student ID** _____

Parent Name _____

Federal Benefits

In 2010 *or* 2011, did you, or any member of your household, receive benefits from any of the federal programs listed below:

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Food Stamps (<i>Required: attach 2010 or 2011 statement</i>) | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Free or Reduced Price Lunch | |

If you checked any of the federal benefits listed above, you may disregard the remainder of this worksheet. Simply sign below, have your student applicant sign below, attach your 2010 or 2011 Food Stamp Benefit Statement if you received food stamps, and return to the Berklee Office of Financial Aid.

Parent Signature **Date**

Student Signature **Date**

2011 Parent Monthly Income

Do not leave any item blank. Enter "0" if no income earned

	Mother	Father
Work Earnings	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Veterans' Benefits	\$ _____	\$ _____
Rehabilitation Benefits	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____
Cash Support	\$ _____	\$ _____
Parent Other Benefits	\$ _____	\$ _____

Answer the questions in the grid below

Considering the following family living expenses, how were these expenses paid in 2011, and what was the estimated 2011 monthly cost of these expenses? Answer every question:

Family Living Expense	2011 Living Expense Payment Source: Check:	2011 Estimated Monthly Cost
Food	<input type="checkbox"/> I/we paid for this expense with our own earned income and/or assets <input type="checkbox"/> This expense was paid for us by another person or agency	\$ _____
Utilities (electricity, heating oil, gas, etc.)	<input type="checkbox"/> I/we paid for these expenses with our own earned income and/or assets <input type="checkbox"/> This expense was paid for us by another person or agency	\$ _____
Clothing	<input type="checkbox"/> I/we paid for this expense with our own earned income and/or assets <input type="checkbox"/> This expense was paid for us by another person or agency	\$ _____
Transportation	<input type="checkbox"/> I/we paid for this expense with our own earned income and/or assets <input type="checkbox"/> This expense was paid for us by another person or agency	\$ _____
Communications (cell phones, cable, internet service accounts)	<input type="checkbox"/> I/we paid for these expenses with our own earned income and/or assets <input type="checkbox"/> These expenses were paid for us by another person or agency	\$ _____
Other Personal Costs Describe: _____ _____ _____	<input type="checkbox"/> I/we paid for these expenses with our own earned income and/or assets <input type="checkbox"/> These expenses were paid for us by another person or agency	\$ _____

Sign and return this worksheet with noted attachment(s) to the Berklee Office of Financial Aid.

Fax: (617) 747-2073

Parent Signature

Date