

2012-2013 Student Statement of Support

In order that we may understand how you support your daily living needs 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. Please return this completed and signed worksheet to the Berklee Office of Financial Aid.

Student Name _____ **Student ID** _____

Federal Benefits

In 2010 or 2011, did you 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, attach your 2010 or 2011 Food Stamp Benefit Statement if you received food stamps, and return to the Berklee Office of Financial Aid.

Student Signature **Date**

2011 Monthly Expenses

Housing

In 2011, did you live in a housing dwelling with a rent or mortgage payment agreement in your own name?

Check: Yes No 2011 Monthly Housing Cost \$ _____

If "Yes," who paid for the monthly rent/mortgage payment due?

- I paid the cost myself with income/assets
- Another person gave me money, or made a payment on my behalf directly to my housing agreement account holder in the monthly amount of \$ _____
- I received housing benefits from the following agency: _____

If "No," you did not live in a dwelling with a rent or mortgage agreement in your own name, then provide other information about your 2011 housing arrangement and its cost:

Food

In 2011, how were your food needs supported? *Check all that apply:*

- I was given food at no cost to me.
- I paid for my food with my own income/assets at an estimated monthly cost of \$ _____
- I was given money for food by another person in the monthly amount of \$ _____
- I received food stamps in 2011.

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Utilities

In 2011, did you have utility bills in your own name, such as electricity, heating oil, or gas? *Check:* Yes No

If "Yes," who paid for the monthly cost of these utilities?

- I paid the cost myself with income/assets
 I was given money to pay for my utilities in the monthly amount of \$ _____
 I received utility assistance from the following agency: _____

Estimated 2011 Monthly Utility Cost: \$ _____

Clothing

In 2011, how were your clothing needs supported? *Check all that apply:*

- I was given clothing at no cost to me.
 I paid for my clothing with my own income/assets at an estimated monthly cost of \$ _____
 I was given money for clothing by another person in the monthly amount of \$ _____

Transportation

In 2011, did you finance a vehicle in your own name? *Check:* Yes No

If "Yes," what was your monthly car loan payment? \$ _____

If "Yes," how was your monthly car payment supported? *Check:*

- I was given money by another person, or another person paid my lender directly in the monthly amount of: \$ _____
 I paid my car payment with my own income/assets.

In 2011, if you did not finance a vehicle, how were your transportation needs supported? *Check:*

- A car/courtesy rides were provided to me at no cost
 I used public transportation at an estimated monthly cost of: \$ _____
 I used no-cost transportation methods

Cell Phone/Cable/Internet services

In 2011, did you have a cell phone, cable, and/or internet service accounts in your own name?

Check: Yes No

If "Yes," what was your monthly communications cost? \$ _____

If "Yes," how was your communications payment supported? *Check:*

- I was given money by another person, or another person paid my communications providers directly in the monthly amount of \$ _____
 I paid my communications providers from my own income/assets

2011 Monthly Income

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

Student Work Earnings	\$ _____	Social Security	\$ _____
Spouse Work Earnings	\$ _____	Veterans Benefits	\$ _____
Unemployment Benefits	\$ _____	Rehabilitation	\$ _____
Other Cash Support	\$ _____	Other Benefits	\$ _____

Sign this worksheet and return to the Berklee Office of Financial Aid. Fax: (617) 747-2073. Mail: 1140 Boylston Street, MS-921FA Boston, MA 02215-3693.

Student Signature

Date