2015-2016 Student Statement of Support

In order that we may understand how you support your daily living needs with very low or no reported 2014 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.

<table>
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<tr>
<th>Student Name:</th>
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<tbody>
<tr>
<td>Berklee Student ID#:</td>
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**Federal Benefits:**

In 2013 or 2014, did you receive benefits from any of the federal programs listed below? Check all that apply, or skip this section of benefits were not received by these federal programs:

- [ ] Supplemental Security Income (SSI)
- [ ] Temporary Assistance for Needy Families (TANF)
- [ ] WIC
- [ ] Free or Reduced Price Lunch
- [ ] Supplemental Nutrition Assistance Program (SNAP formerly the Food Stamps Program (Required: attach 2013 or 2014 statement)

If you checked any of the Federal benefits above, please sign below and attach a copy of your 2013 or 2014 Food Stamp Benefit Statement (if you received food stamps), and return to the Berklee Office of Financial Aid.

<table>
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<tr>
<th>Student’s Signature:</th>
<th>Date:</th>
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**2014 Monthly Expenses**

**Housing**

In 2014, did you live in a housing dwelling with a rent or mortgage payment agreement in your own name?

Circle: Yes  No  2014 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, provide other information about your 2014 housing arrangement and its cost by estimating what is paid on your behalf:

________________________________________________________

**Food**

In 2014, 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 2014.
Utilities:
In 2014, did you have utility bills in your own name, such as electricity, heating oil, or gas?  

Circle:  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 2014 Monthly Utility Cost: $____________________

Clothing:
In 2014, 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 2014, did you finance a vehicle in your own name?  

Circle:  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 2014, 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 2014, did you have cell phone, cable, and/or Internet service accounts in your own name?  

Circle:  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

2014 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  $____________________

Student Refund:

☐ Please check this box if you utilized a student refund check to pay for your expenses. Please indicate the type of loans or aid that resulted in this credit and the amount of your refund.

Types of Aid/Loans that generated credit: __________________________________________________________

Amount of Refund Check(s): $____________________

Sign this worksheet and return to the Berklee Office of Financial Aid.

Student’s Signature:  Date: