2016-2017 Student Statement of Support

In order that we may understand how you support your daily living needs with very low or no reported 2015 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: 
Berklee Student ID#: 

Federal Benefits:
In 2014 or 2015, did you receive benefits from any of the federal programs listed below?
Check all that apply, or skip this section if 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 2014 or 2015 statement)

If you checked any of the Federal benefits above, please sign below and attach a copy of your Benefit Statement and return to the Berklee Office of Financial Aid.

Student’s Signature: ___________________________ Date: ___________________________

2015 Monthly Expenses (if another person paid the expense, please attach separate paper explaining circumstances)

Housing
In 2015, did you live in a housing dwelling with a rent or mortgage payment agreement in your own name? Circle: Yes No

2015 Monthly Housing Cost $________________________

If “Yes,” who paid for the monthly rent/mortgage payment due?
- I paid the cost myself with income/assets $________________________
- Another person (ie: parent/guardian) 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,” Please provide other information about your 2015 housing arrangement and its cost by estimating what is paid on your behalf: $________________________

Food
In 2015, 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 2015. (attach SNAP Benefit Statement)
Utilities:
In 2015, did you have utility bills in your own name, such as electricity, heating oil, or gas? Circle: Yes No

Please indicate how these expenses were paid.

☐ 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: $____________________________
☐ Utilities are included in my rental costs.

Estimated 2015 Monthly Utility Cost: $____________________________

Clothing:
In 2015, 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 2015, did you finance a vehicle in your own name? Circle: Yes No

What was your monthly car loan payment? $____________________________

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

In 2015, if you did not finance a vehicle, how were your transportation needs supported?

☐ 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 2015, did you have cell phone, cable, and/or Internet service accounts in your own name? Circle: Yes No

What was your monthly communications cost $____________________________

☐ I paid my communications providers from my own income/assets
☐ I was given money by another person, or another person paid my communication provider(s) directly in the monthly amount of $____________________________

2015 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: ___________________________