

Student Name: _____

Banner ID#: 800 _____

2015/16 – D03



The College at
BROCKPORT
STATE UNIVERSITY OF NEW YORK
FINANCIAL AID OFFICE

INDEPENDENT STUDENT BUDGET AND RESOURCE STATEMENT

Your Free Application for Federal Student Aid (FAFSA) reflects an extremely low income for the calendar year 2014. We need the below information to demonstrate how you lived and met your expenses last year.

Please keep in mind that your application for financial aid is presently considered incomplete and cannot be processed until this form has been returned to our office. Please contact the Financial Aid Office if you should have any questions.

Please check all that apply. If none of these circumstances apply, please write an explanation under "other".

I (we) lived with family/friends in 2014 who paid expenses for me that were **legally in my name** and I was obligated to pay. The total amount paid on my behalf was \$_____.

I (We) lived with family/friends last year and they provided support (i.e. housing, food).

I (We) received public assistance in 2014. The total amount received in 2014 (excluding food stamps and rent) was \$_____.

I (We) received social security in 2014. The total amount received in 2014 was \$_____.

I (we) certify that the household received Supplemental Nutrition Assistance Program (SNAP)/ food stamp benefits during 2013 and/or 2014 year.

I (we) lived off of excess financial aid funding provided to me.

OTHER: Please explain and indicate any relevant dollar amounts.

I declare that the information reported on this form is true, correct and complete.

Student Signature: _____ Date: _____

Spouse Signature: _____ Date: _____
(If applicable)

D03 (12/19/14)