



Financial Support Worksheet 2011-2012

 Last Name First Name M.I. Student ID#
 (____) _____ - _____
 Phone Number (Including Area Code) Date of Birth

The information on your FAFSA suggests that your (or your family's) combined income was unusually low for the number of people in your family. You have reported a combined family income that is less than 50% of the 2010 Poverty Guidelines published by the U.S. Department of Health and Human Services (<http://aspe.hhs.gov/poverty/10poverty.shtml>).

Please clarify your family income AND any non-monetary support you received from any source in 2010 using the worksheet below.

FINANCIAL SUPPORT

1. **Did you/your family live with a relative, friend, or other person rent-free in 2010?** Yes No
 If yes, will you continue to live with a relative, friend, or other person rent-free in 2011? Yes No
2. **Did a relative, friend, or other person provide food/groceries to you/your family free-of-charge in 2010?** Yes No
 If yes, will your relative, friend, or other person continue to provide food/groceries to you/your family in 2011? Yes No
3. **Did you/your family receive ANY form of state, local, or federal assistance in 2010?** Yes No
 I.E. Food Stamps, WIC, SSI, child support, housing, medical, or daycare assistance. Please list.

Assistance Provider	Program	2010 Total
		\$
		\$

4. **Please list ALL income earned from working or cash gifts you received in 2010.**
 If you did not work at all in 2010, write "0" in the "2010 Total" Column.

Family Member	Source of Income/Gift or Employer	2010 Total
		\$
		\$

5. **If you did not work in 2010 or you answered no to questions 1 or 2, you must provide an explanation of how you lived and/or supported your children.** Please complete the following budget breakdown of your living expenses by indicating the amount of each monthly expense and who paid it or how it was paid on your behalf.

Monthly Expense	Paid by	2010 Total
Food		\$
Housing		\$
Transportation		\$
Utilities		\$
Personal Expenses/Other		\$

SIGN THIS WORKSHEET

By signing this form I certify that all the information reported on this document is true and correct to the best of my knowledge. I understand that if I purposely give false or misleading information I may be subject to a fine, imprisonment, or both. I also authorize the College of Southern Idaho to make any necessary electronic corrections to my FAFSA based on the information submitted.

 STUDENT SIGNATURE DATE PARENT SIGNATURE DATE