

Revised 2014.15

## SOURCE OF INCOME WORKSHEET 2014-2015 OFFICE OF SCHOLARSHIPS AND FINANCIAL AID

Student Name			Student ID	
Please complete each section and check all that apply. DO NOT COMPLETE GRAY SECTIONS.				
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	STUDENT	Estimated Monthly Amount	PARENT or SPOUSE (circle "parent" or "spouse")	Estimated Monthly Amount
Living Arrangements	☐ Lives alone ☐ Lives with Parent/Relatives ☐ Lives with Friends		☐ Lives alone ☐ Lives with Parent/Relatives ☐ Lives with Friends	
Employment Status	☐ I did not have a job last year but have one now.		My parent/spouse did not have a job last year but has one now.	
Sources of Income	Job		□ Job	
	☐ Welfare Benefits Submit DHS Statement		☐ Welfare Benefits Submit DHS Statement	
	☐ Child Support		☐ Child Support	
	Social Security/SSI Benefits (Submit statement of benefits)		Social Security/SSI Benefits (Submit statement of benefits)	
	<ul><li>Unemployment Benefits (Submit statement of benefits)</li></ul>		☐ Unemployment Benefits (Submit statement of benefits)	
	☐ Pension/Annuity Submit 1099		☐ Pension/Annuity Submit 1099	
	☐ Odd Jobs		☐ Odd Jobs	
	Other		Other	
Non-Cash Benefits (Check All that Apply)	Food Stamps (Submit DHS statement)  WIC/Focus HOPE Section 8/Subsidized Housing Full Time student receiving Financial Aid		Food Stamps (Submit DHS statement) WIC/Focus HOPE Section8/Subsidized Housing Full Time student receiving Financial Aid	
Student Signature			Date	
Parent/Spouse Sig	gnature		Date	