

## Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle I: \_\_\_\_\_ Person Number: \_\_\_\_\_

## Requirements

Your FAFSA reflects a low parental income for the 2015 calendar year, therefore additional information is required to demonstrate how you and your family lived and met expenses. Complete each line either by entering the amount received, or indicating that the income source listed does not apply to you and submit supporting documentation with this form. List your UB Person Number at the top of all submitted documents.

## Sources of Income

Other Sources of 2015 Income	Check if Not Applicable	Student	Parent/Stepparent
Child Support <b>received</b> for all children for 2015	<input type="checkbox"/>	\$	\$
Living allowances paid to members of the military, clergy and others	<input type="checkbox"/>	\$	\$
Veterans non-education benefits	<input type="checkbox"/>	\$	\$
Any other untaxed income or benefits, such as worker's compensation or disability.	<input type="checkbox"/>	\$	\$
Money received, or paid on your behalf (e.g. bills), not reported elsewhere on this form	<input type="checkbox"/>	\$	\$
Foster care benefits	<input type="checkbox"/>	\$	\$
Earned income credit	<input type="checkbox"/>	\$	\$
Welfare payments	<input type="checkbox"/>	\$	\$
Social Security benefits	<input type="checkbox"/>	\$	\$
Social Security Disability benefits	<input type="checkbox"/>	\$	\$
Supplemental Security income	<input type="checkbox"/>	\$	\$
Workforce Investment Act educational benefits	<input type="checkbox"/>	\$	\$
Clergy/Military housing	<input type="checkbox"/>	\$	\$
Housing, food and other living allowances	<input type="checkbox"/>	\$	\$
Additional untaxed income not reported	<input type="checkbox"/>	\$	\$
Other, please explain	<input type="checkbox"/>	\$	\$

## Certification and Signature

I certify that all information provided in this document is true, complete and accurate to the best of my knowledge. I further understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. Also, purposely giving false or misleading information on this worksheet may lead to fines, jail sentences, or both. I authorize the University at Buffalo to make any change(s) necessary as a result of the updated information that I have provided.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_