



**DEPENDENT STUDENT 2017-2018 Academic Year  
Explanation of Support for 2015 Tax Year**

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_ Phone # \_\_\_\_\_

The income that your parent(s) reported on your 2017-2018 Free Application for Federal Student Aid (FAFSA) appears to be extremely low. Please provide the following information for your family.

**DO NOT LEAVE ANY BLANKS. This form will be returned if it is incomplete.**

1. How did your parent(s) support themselves and their dependents during **2015**?

\_\_\_\_\_

\_\_\_\_\_

2. List below parent(s) **YEARLY TOTAL INCOME IN 2015**:

Wages	\$ _____
Welfare benefits (including TANF, UHEAP, SNAP)	\$ _____
Social Security Benefits	\$ _____
Child Support Received	\$ _____
Other income received (explain) _____	\$ _____

<b>Total yearly amount</b>	<b>\$ _____</b>
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3. How are your parent(s) supporting themselves and their dependents during **2016**?

\_\_\_\_\_

\_\_\_\_\_

4. List below parent(s) **YEARLY TOTAL EXPENSES FOR 2015**

Rent/Mortgage payments	\$ _____
Utilities (electric, gas)	\$ _____
Food	\$ _____
Clothing	\$ _____
Cell Phone	\$ _____
Transportation (Car payments, bus fares)	\$ _____
Car Insurance	\$ _____
Other expenses (explain) _____	\$ _____
<b>Total yearly amount</b>	<b>\$ _____</b>

5. Does any other person give your parent(s) cash, or help pay their bills or expenses? ☐ YES ☐ NO

If yes, who is helping your parent(s)? \_\_\_\_\_

Supporting person's signature is required at the bottom of form.

Explain what they pay, and the amount they pay and enter under other income received (above) . \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE: If total yearly expenses exceeds total income (above) further information will be requested from student and parents. Expenses cannot exceed income, unless provided by the person(s) listed in # 5 on this form.**

6. In 2015, did your parent(s) live in another country? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, what Country: _____
Did they earn foreign income in 2015? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, how much \$ _____
Did they pay taxes on this income? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, how much \$ _____

**If your parent(s) earned foreign income or filed a foreign return, please convert to U.S. dollars using the exchange rate that is in effect today. You may find currency conversion information at [www.oanda.com](http://www.oanda.com).**

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

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

Supporting Person Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this form to:**  
BCCC, Financial Aid Office, 275 Swamp Road, Newtown, PA 18940  
215 968-8200, Fax 215 504-8522, Email [finaid@bucks.edu](mailto:finaid@bucks.edu)