



**DEPENDENT STUDENT 2018-2019 Academic Year
Explanation of Support for 2016 Tax Year**

Student Name _____ Student ID # _____ Phone # _____

The income that your parent(s) reported on your 2018-2019 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 2016?

INCOME

2. List below parent(s) **TOTAL YEARLY INCOME IN 2016:**

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

Total yearly amount

\$ _____

ADDITIONAL INCOME

3. 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 below)..

Explain what they pay and enter the amount they pay under "Other Income Received" (above) _____

EXPENSES

4. List below parent(s) **TOTAL YEARLY EXPENSES FOR 2016:** (amounts may be approximate)

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

NEXT YEAR

5. How are your parent(s) supporting themselves and their dependents during 2017?

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 # 3 on this form.

6. In 2016, did your parent(s) live in another country? YES NO **If yes**, what Country: _____

Did they earn foreign income in 2016? YES NO **If yes**, how much \$ _____

Did they pay taxes on this income? YES 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.

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