



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

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

The income that you reported on your 2018-2019 Free Application for Federal Student Aid (FAFSA) appears to be extremely low. Please provide the following information for yourself (and your family, if applicable).

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

1. Explain how you supported yourself (and any dependents) during 2016?  
\_\_\_\_\_  
\_\_\_\_\_

**INCOME**

2. List below your **TOTAL YEARLY INCOME FOR 2016:**

Wages	\$ _____
Welfare benefits (including TANF, UHEAP, SNAP)	\$ _____
Social Security Benefits	\$ _____
Child Support Received	\$ _____
Other Income Received *	\$ _____
<b>Total yearly income</b>	<b>\$ _____</b>

**ADDITIONAL INCOME**

3. Does any other person give you cash, or help pay your bills or expenses?  YES  NO

**If yes**, who is helping you? \_\_\_\_\_

(Supporting person's signature is required below).

**\*Please explain what they pay and enter the amount they pay under "Other Income Received" (above)**

\_\_\_\_\_

**EXPENSES**

4. List below your **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)	\$ _____
<b>Total yearly expenses</b>	<b>\$ _____</b>

**PLEASE NOTE: If total yearly expenses exceeds total income then further information will be requested from student and, if applicable, the spouse. Expenses cannot exceed income, unless provided by the person(s) listed in # 3 on this form.**

**NEXT YEAR**

5. Explain how you supported yourself (and any dependents) during 2017? \_\_\_\_\_

6. In 2016, did you or your spouse live in another country?  YES  NO **If yes**, what Country \_\_\_\_\_  
 Did you or your spouse earn foreign income in 2016?  YES  NO **If yes**, how much? \$ \_\_\_\_\_  
 Did you/they pay taxes on this income?  YES  NO **If yes**, how much? \$ \_\_\_\_\_

**If student or your spouse had foreign income or filed a foreign tax 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 \_\_\_\_\_

Spouse 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)

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