

2020-2021 Clarification of Household Resources – Dependent Student

Statement of Income for the calendar year ending December 31, 2018

Student ID number: _____

Name: _____

Please provide information, on the lines below, about how your family’s basic needs were met in 2018. List resources, benefits, and other amounts of income received by the parent and any members of the parents’ household during 2018. Include any aid, benefits, or income from other people or agencies who helped support your parent(s). Include any cash gifts received or any other support received. Please state if you received subsidized housing and federal or state assistance with utilities. Also Include federal Veterans’ Education Benefits, military housing, SSI, SNAP, TANF, etc.

Source of State or Federal Benefit	Yes or No
Supplemental Nutrition Assistance Program (SNAP)	
HUD Housing	
Heating/Fuel Assistance	
Temporary Assistance for Needy Families (TANF)	
WIC/Free lunch for children	
Other:	

Estimate the total amount of assistance received in 2018. **If the answer is zero, or the question does not apply to you, enter 0.**

Source of income or support for parent	2018 annual amount
Wages from employment or work	\$
Unemployment benefits	\$
Alimony received	\$
Social Security Income including Social Security Disability	\$
Student Financial Refunds	\$
Child support that you received for all children during 2018. Do not include foster care payments, adoption payments or any amount that was court-ordered but not actually paid.	\$
Housing, food and other living allowances paid to members of the military, clergy, and other (including cash payments and cash value of benefits). Do not include the value of on-based military housing or the value of a basic military allowance for housing.	\$
Veteran's non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Education Work-Study allowances.	\$
Other untaxed income not reported, such as workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts (HSA) from 1040-line 25, Railroad Retirement Benefits, etc. Do not include extended foster care aid, student aid, Earned Income Credit, Additional Child Tax Credit, TANF payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act education benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$
Money received or paid on your behalf (e.g. bills), not reported elsewhere on this form. This includes money that you received from a parent whose financial information is not reported on this form and that is not part of a legal child support agreement. Also include distributions to you (the student beneficiary) from a 529 that is owned by someone other than you or your parents. Please list source:	\$

By signing this form, I certify the information reported is true and accurate. The student and parent must sign and date this form. Adobe or signature type fonts will not be accepted. **Please submit all completed forms to the TVCC Financial Aid Office by email (PDF format ONLY) to finaid@tvcc.cc, fax 541-881-5528 or mail 650 College Blvd, Ontario, OR 97914. You may also submit forms in the Ontario Student Service Center or the Caldwell Center.**

Student signature

Date

Parent signature

Date