



**Financial Aid and Scholarships Office
2008-2009 MEANS OF SUPPORT FORM**

Student Name: _____ **SSN:** _____

HOUSING EXPENSES

1. Do you own your place of residence (where you live)? **YES NO** (If **YES**, go to Question 5; if **NO**, go to Question 2)
2. Do you pay a monthly rent/house payment? **YES NO** (If **YES**, complete Questions A-D; if **NO**, go to Question 3)

- A.** What is the **TOTAL** monthly payment for your place of residence? \$ _____
- B.** List **all** of the people, in relationship to you (i.e. roommate, friend, relative etc.), that live at this residence (including you), and how much they each pay, per month, in rent/house payment.

	Person (i.e. roommate, friend, relative, etc.)	Individual Monthly Payment
1.	Self/Student	\$ _____
2.		\$ _____
3.		\$ _____
4.		\$ _____

Total: \$ _____ ← **Must equal the amount from Question A.**

- C.** Does someone pay your portion of the rent/house payment listed above or give you funds to pay for this yourself?
YES NO
- D.** If **NO** to Question C, how do you pay for your rent/house payment? _____
3. Is your name on the lease/deed of the residence where you stay? **YES NO**
4. Do you live in government subsidized housing? **YES NO**

If **NO** to Questions 1, 2 & 4, complete Questions E-H below. If you answered **YES** to Question 1, **YES** to Question 2 and filled out Questions A-D, and/or **YES** to Question 4, then go to Question 5.

- E.** If **NO** to Questions 1, 2 & 4, who pays for the place where you live/stay? _____
- F.** Do you live with the person(s) listed in Question E? **YES NO**
- G.** What is your relationship to the person(s) listed in Question E? _____
- H.** If **NO** to Questions 1, 2 & 4, how much is the total monthly rent/house payment? \$ _____ ← **There must be an amount other than zero written here**

5. Please list **your** average monthly costs for the following utilities. If you receive funds to make these payments, or if they are paid on your behalf, list the source who provides the funds to/for you. This question must be filled out, even if you live with someone.

Utility	Average Monthly Cost	Source (Who pays or how you pay)
Gas		
Electric		
Water		
Phone (land line and/or cell)		
Cable		
Internet		

Total Monthly Utility Costs: \$ _____

OVER

TRANSPORTATION EXPENSES

6. Do you use/drive an automobile(s) on a regular basis that you **do not** own or make payments on? **YES NO**
 (If **YES** to Question 6, complete Question I; if **NO**, go to Question 7)

7. Do you own or make payments on an automobile(s)? **YES NO** (If **YES**, complete Question I; if **NO**, go to Question 8)

I. Fill in the following amounts for auto related expenses. If you receive funds to make these payments, or if they are paid on your behalf, list the source who provides the funds to/for you.

Expense	Average Amount (per month)	Source (Who pays or how you pay)
Auto payment	\$	
Insurance	\$	
Gas	\$	

Total \$ _____

8. If **NO** to Questions 6 & 7, do you ride the bus? **YES NO** (If **YES**, complete Questions J-L; if **NO**, go to Question 9)

J. On average, what do you spend monthly on bus fare? \$ _____

K. Does someone pay for your bus fare or give you the money to pay the bus fare yourself? **YES NO**

L. If **NO** to Question K, how do you pay for your bus fare? _____

9. Do you carpool or receive rides with someone? **YES NO** (If **YES**, complete Questions M-P; if **NO**, go to Question 10)

M. If **YES** to Question 9, do you pay that person? **YES NO**

N. If **YES** to Question M, how much do you pay per month? \$ _____

O. Does someone give you the funds to pay, or pay funds on your behalf; to the person you carpool or receive rides with?
YES NO

P. If **NO** to Question O, how do you pay for your carpool/rides? _____

10. If you answered **NO** to Questions 6-9, what is your mode of transportation? _____

PERSONAL EXPENSES

11. Please list **your** average monthly costs for the following personal expenses. If you receive funds to make these payments, or if they are paid on your behalf, list the source who provides the funds to/for you. This question must be filled out, even if you live with someone.

Expense	Average Monthly Cost	Source (Who pays or how you pay)
Food (groceries, take out, etc.)	\$	
Clothing	\$	
Personal Items (toiletries, household supplies, misc. expenses, etc.)	\$	

Total \$ _____

12. Do you receive Food Stamps **YES NO**

13. If you listed someone besides yourself in Question 11, do you live with that person? **YES NO**

14. If you did not list any costs in Question 11, how are these expenses paid for/covered? _____

Please note: Any section left completely blank will be calculated from our Federal Cost of Attendance budgets and added to your financial data on Worksheet B of the FAFSA as untaxed income.

Student Signature: _____

Date: _____