



2025-2026 AWARD YEAR

Statement of Support

Please provide information about any resources, benefits, and other amounts received during 2023 by you and any member of your household. This may include items that were not required to be reported on your Free Application for Federal Student Aid (FAFSA). Please include things such as SSI, Disability Benefits, federal veteran's education and non-education benefits, military housing benefits, SNAP, TANF, child support, clergy benefits, public assistance and/or student loan proceeds. Documentation showing receipt of these funds may be requested. Also include the amount of any bills someone paid on your behalf or the estimated value of funds paid on your behalf, for example, if you live rent free include what your rent would have cost you as a benefit.

STUDENT INFORMATION

Last Name	First Name	M.I.	Social Security Number
Street Address (include apt. no.)		City	State
Telephone Number (include area code)		Date of Birth	Email Address

ANNUAL INCOME AMOUNTS RECEIVED in 2023 (DO NOT LEAVE ANY BLANKS) List ANNUAL amounts, NOT Monthly amounts	STUDENT (and SPOUSE, if applicable)	PARENT (S) (if applicable)
Earnings from all jobs (Attach all 2023 W- 2's)		
Veterans Non-Educational Benefits (i.e.: Disability, Death Pension, DIC)		
Financial aid you received from college		
Social Security Benefits		
Workman's Compensation, Disability (do not include untaxed Social Security or SSI)		
Child support received		
Alimony received		
Money received from family or friends		
Bills in your name paid by someone else		
Housing, Food or other Living Allowances Paid for Clergy, Military, etc.		
UNTAXED IRA Distributions received:		
NYS Rehabilitation Benefits		
Tax-Deferred Pension/Savings		
IRA Deductions/Payments:		
Other UNTAXED Income:		
Other Sources, Explain:		
Total ANNUAL Income		
Additional Information		
Does your family receive federal benefits such as TANF, SNAP, housing subsidy, fuel assistance, etc.?		

(Continued on the other side)

Comments:

By signing this form, I certify all information reported on this form and within the enclosed documentation is complete and correct. I understand that providing false or misleading information may result in a \$20,000 fine, a prison sentence, or both, according to the Higher Education Act of 1965, as amended, Section 490(a). Any false or misleading information is subject to cancellation of all Federal financial assistance.

Student's Signature	Date
Parent's Signature (if dependent)	Date
Spouse's Signature (if married)	Date