

Parent Support of Others Form: 2018-2019

If you need assistance completing this form please contact the Financial Aid Office at (585) 345-6900 or financialaid@genesee.edu



STUDENT NAME: _____

ID/SSN: _____

Please provide information regarding the person whom your parent(s) support, as claimed on the FAFSA application. If you need help completing this form, please contact the Financial Aid Office.

1. Write the First and Last Name of the person whom you claim that your parent(s) support:

2. What is the relationship of this person to the student (example: brother, friend, cousin, ect)?

3. Was the person claimed on your parent(s) 2016 Federal Tax Return? No OR Yes
If yes, please provide a signed copy of your parent(s)' **2016 Federal Tax Return**.

4. Does your parent(s) have a public assistance budget that includes assistance for this person?

No OR Yes

If yes, please attach a copy of the budget sheet.

5. Did this person live with your parent(s) in 2016?

No OR Yes

6. Does this person live with your parent(s) now?

No OR Yes

7. Will this person live your parent(s)' during the 2018-2019 school year?

No OR Yes

8. Did this person have any income in 2016?

No OR Yes

If yes, indicate the amount of income \$ _____

9. Indicate the total amount of income earned or received **by or for this person** in 2016 for each of the sources listed below. **Indicate \$0 if none received**. Since we cannot assume any information, any blanks will delay processing of your Financial Aid.

Income from work: \$ _____

Welfare/AFDC/TANF: \$ _____

Untaxed Pension Amounts: \$ _____

Social Security Benefits: \$ _____

(Including SSI or SSD)

Workers Compensation \$ _____

Child Support Received \$ _____

(for this person)

Any other source of income \$ _____

Source: _____

Net Worth of Savings or

Investments of this person: \$ _____

10. Indicate the total amount of support your parent provided for this person in 2016 for each item listed below (You may be asked to submit documentation):

Housing \$ _____

Food \$ _____

Health Insurance or Medical Expenses: \$ _____

Personal Items \$ _____

Other items your parent(s)

Provided: \$ _____

Please list items: _____

11. Does anyone else provide any means of support for this person? No OR Yes

If yes, please explain: _____

Student Signature **Date**

Parent Signature **Date**

Please submit completed form to:

Genesee Community College, Financial Aid Office
One College Road, Batavia, NY 14020
Fax (585) 343-6726 Phone (585) 345-6900
Email: financialaid@genesee.edu