



### Student 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](mailto:financialaid@genesee.edu)

**STUDENT NAME:** \_\_\_\_\_

**ID/SSN:** \_\_\_\_\_

*Please provide information regarding the person whom you claimed on the FAFSA application.*

1. Write the First and Last Name of the person whom you claim that you support:

\_\_\_\_\_

2. What is the relationship of this person to you (example: brother, sister, friend cousin etc.)?

\_\_\_\_\_

3. Did you claim this person on your 2016 Federal Tax Return?  No OR  Yes

**If yes**, please provide a signed copy of your **2016 Federal Tax Return**.

4. Do you have a public assistance budget?

No OR  Yes

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

5. Did this person live with you in 2016?

No OR  Yes

6. Does this person live with you now?

No OR  Yes

7. Will this person live with you 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 \$ \_\_\_\_\_

\_\_\_\_\_

**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](mailto:financialaid@genesee.edu)

If you need assistance completing this form contact the Financial Aid Office.

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 you 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 you  
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**

\*If there are any other details you would like us to consider related to your support of this person, please feel free to explain on the back of this form.