



A Unit of the Technical College System of Georgia

Office of Student Financial Aid

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Student Name:

Student ID/SSN:

2018-2019 INCOME SUPPORT STATEMENT

The income and assets listed on your FAFSA appear to be insufficient to meet basic cost of living expenses for you or your parent(s) household in 2016. In the chart below, please provide details concerning **you/your spouse** if you are an independent student and **your parent(s)** if you are a dependent student.

Independent Student (You were not required to provide parent information on the FAFSA)

Dependent Student (You were required to provide parent information on the FAFSA)

Did you or anyone in your household receive the following benefits during 2016? (Check all which apply)

Dependent students do not include any amount received as support from custodial parent(s).

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Money from Savings | <input type="checkbox"/> Alimony | <input type="checkbox"/> Loans | <input type="checkbox"/> Supplemental Security Income (Medicaid, SSI, SSDI, etc.) |
| | | | This is not the same as Social Security |
| <input type="checkbox"/> Free Room and Board | <input type="checkbox"/> Pell Grant, HOPE | <input type="checkbox"/> Food Stamps (SNAP) | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |

- | | | | |
|---|----|-------|---------|
| <input type="checkbox"/> Social Security Retirement Benefits
(include a copy of your SSA-1099 Social Security Benefit Statement) | \$ | _____ | monthly |
| <input type="checkbox"/> Unemployment Benefits | \$ | _____ | monthly |
| <input type="checkbox"/> Veteran's Non-Education Benefits
(such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances) | \$ | _____ | monthly |
| <input type="checkbox"/> Untaxed Income
(such as workers' compensation, disability benefits, etc.) | \$ | _____ | monthly |
| <input type="checkbox"/> Child Support Received | \$ | _____ | monthly |
| <input type="checkbox"/> Living allowances as part of compensation package
(Military, Clergy, etc.)
Do not include basic military allowance for housing | \$ | _____ | monthly |
| <input type="checkbox"/> Other cash support received/paid on your behalf
(Please specify the source of support paid) | \$ | _____ | monthly |

If you did not report any income or assistance above, how did you meet the living expenses for 2016?

_____	_____	_____	_____
Student's Signature	Parent's Printed Name	Parent's Signature (if dependent)	Date