



SUNY BROCKPORT
Office of Financial Aid

DEPENDENT STUDENT FAMILY BUDGET AND RESOURCE STATEMENT

Student Name: _____

SSN or Banner ID: _____

Your Free Application for Federal Student Aid (FAFSA) reflects an extremely low **parental income** for the calendar year 2006. We need this form completed to demonstrate how you and your family lived and met expenses last year.

Please keep in mind that your application for financial aid is considered incomplete and cannot be processed until this form has been returned to our office. Please contact the Financial Aid Office if you should have any questions.

Please check all that apply. If none of these circumstances apply, please write in an explanation under "other".

- I (We) lived with family/friends last year and they provided support.
- I (We) received public assistance in 2006. The total amount received in 2006 (excluding food stamps and rent) was \$_____.
- I (We) received social security in 2006. The total amount received in 2006 was \$_____. **(Please attach copies of all 1099 forms.)**
- Other: Please explain and indicate any relevant dollar amounts:

I declare that the information reported on this form is true, correct and complete.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Disclosure of Social Security numbers is voluntary and is used to identify your student account. Authority to solicit the Social Security number has been established under Section 355 of the Education Law of the State of New York.

D04 (01/11/07)