

# 2017-2018 Additional Resource Form

american  
career  
college

Student Name

Student ID

When reviewing your 2017-2018 Student Aid Report, we noted that a low or zero 2015 income was reported by you or your parent(s). The purpose of this form is to assist the Financial Aid Office in the verification of how the basic needs of your household were met during 2015.

## Please specify if this form is being used to explain the income of the:

- Independent Student
- Parent of a Dependent Student

## Did you receive any of the following benefits in 2015?

Answer Yes or No to each one.

Housing Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Untaxed Social Security	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SSI Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Veteran's Living or Housing Allowance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Public Assistance (e.g. TANF, WIC, SNAP, General Relief, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you receive any Cash Support in 2015? (Student Only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**IF YES**, list total amount of cash support received in 2015 \$

If you are supported by family and/or friends, please provide a statement below explaining how you were able to meet your housing, food, clothing, transportation and other living needs during the 2015 year.

## Certification and Signatures:

Each person signing this form certifies that all of the information reported on it is complete and correct. The student and one parent (if dependent), must sign and date.

Student Signature

Date

Parent Signature (if dependent)

Date