Financial Aid
Central Connecticut State University

Student Name ________________________________  CCSU ID No. ____________________

Your FAFSA reported little or no income. Therefore, please enter all monthly expenses whether paid by yourself or by another person or resource (SNAP, TANF, SECTION 8, SSI...etc.). The office is required to determine how you were supported in 2015.

- **Rent/Mortgage:**
  - Do you live with your parents/relatives?  
    - (Yes) or (No)
  - Do you receive subsidized housing/section 8 (circle one)?  
    - (Yes) or (No)
  - If YES to either, proceed to Food
  - If NO, please indicate how the rent/mortgage is being paid and how much it is. 
Who is the source of the payment: ________________________________ How much per month: ________________

- **Food:**
  - Do you receive SNAP (Circle one)?  
    - (Yes) or (No)
  - If YES, proceed to Utilities
  - If NO, please indicate how the food is being paid for and the average monthly cost.
Who is the source of the payment: ________________________________ Average monthly cost: ________________

- **Utilities (Heat/Electricity/Cell Phone, etc):**
Who is the source of the payment: ________________________________ Average monthly cost: ________________

If your expenses exceed your reported income, please explain how these costs are covered:

__________________________________________________________________________________________

__________________________________________________________________________________________

The information provided correctly reflects my financial situation for 2015. I understand that I may be requested to provide documentation of the above expenses and income sources.

_________________________  ______________________________
Student Signature  Date

_________________________  ______________________________
Spouse Signature (Optional)  Date