



Office of Student Financial Services

Additional Income Information 2019-2020

Your information as reported on the FAFSA and/or CSS Profile reflects an income that appears to be insufficient to meet the basic living expenses of your household; oftentimes this happens because there are sources of income and/or support not included on the FAFSA or CSS Profile. Please report below the monthly amount of income or support received from other sources between **January 1, 2017 – December 31, 2017.**

Student Name:_____ **Student ID#:**_____

Please indicate which of the following items explains your family situation, and provide the monthly amount received in 2017 for each category. You may select more than one item if applicable:

Source	Parent amount received	Student amount received
Income from Work		
Self-employment Income		
Social Security/Disability		
Unemployment Benefits		
Child Support		
Alimony		
Workers Compensation		
AFDC/TANF		
SNAP benefits		
Housing assistance		
Cash from family/friends		
Did you receive free housing, utilities, transportation, or other living expenses from a friend, relative, or someone with whom you have a relationship?		

Student Signature_____ Date_____

Parent Signature_____ Date_____

You may submit this form by email, fax, or mail using any of the contacts below. If you have any question regarding this form, please contact the Office of Student Financial Services at (607) 274-3131 or 1-800-429-4275.