

### FINANCIAL SUPPORT STATEMENT

The purpose of this form is for a student to provide details of the financial support he/she received during a specific year. The percentage/portion for the student should be based on THEIR share of the costs paid for by other. Please list the monthly amount next to the type of support and multiply that by the number of months received for the applicable year. Please note this amount in the section marked ...equals \$ space. Also make sure both parties, the payee and payer, signs the form.

| <u>Type of Support</u> | <u>Monthly Amount</u> | <u>Yearly Total</u> |
|------------------------|-----------------------|---------------------|
| Rent/Housing           |                       |                     |
| Heat                   |                       |                     |
| Electricity            |                       |                     |
| Cable                  |                       |                     |
| Internet               |                       |                     |
| Cell Phone             |                       |                     |
| Telephone              |                       |                     |
| Health Insurance       |                       |                     |
| Car Insurance          |                       |                     |
| Vehicle Payment        |                       |                     |
| Food                   |                       |                     |
| Clothing               |                       |                     |
| Child Care             |                       |                     |
| Other Type             |                       |                     |
| Other Type             |                       |                     |

Total support received during the year \_\_\_\_\_ equals \$ \_\_\_\_\_

Recipient's Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Payer's Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_