

Student Name: _____

Student ID: _____

7. Does anyone provide financial support for you and your child/dependent, other than yourself?

Yes. Total received 2020 \$ _____

How much will you receive per month July 1, 2022 to June 30, 2023? \$ _____

Name of persons(s) providing support and relationship to you: _____

No

8. Are you currently employed?

Yes. Please submit a copy of your most recent pay stub.

No

9. Did you file a 2020 Federal Income Tax Return?

Yes. Please submit a copy of your 2020 Federal Income Tax Return Transcript.

If yes, did you claim your child/dependent as a dependent on your 2020 tax return? [] Yes [] No

No

10. Provide the following monthly household living expenses which are billed in your name:

Expense	Average monthly amount
Housing (mortgage, rent, other)	\$ _____
Utilities (electricity, gas, water)	\$ _____
Food	\$ _____
Phone, Internet, Cable	\$ _____
Transportation (insurance, gas, car payment)	\$ _____
Monthly Total	\$ _____

Additional information that helps demonstrate that you provide more than 50% of support for your dependent(s):

Certification and Signatures

I hereby affirm that all information reported on this form and any attachment hereto is true, complete, and accurate to the best of my knowledge. I understand that if I receive federal student aid based on incorrect information, I will need to repay it, and I may be required to pay fines and fees.

Student Signature _____

Date _____

Email address for follow-up questions: _____

University of Redlands Student Financial Services Office Use Only:

Approved: Meets support test

Denied: Does not meet support test

Comments: _____

(SFS Staff Signature)

Date)