



## Financial Aid Office

505 Amherst Street Nashua, NH 03063

♦ Office hours M-Th:8:00am-6:00pm and Fri:8:00am-4:30pm ♦  
Tel: (603) 578-8903 Fax: (603) 883-1636

### 2014-2015 Verification of Means of Support

**STUDENT AND/OR PARENT OF DEPENDENT STUDENT:**

Clarification is needed regarding the income/means of support provided on the 2014-2015 FAFSA for the **2013** calendar year. Often, when a student or a student's parent(s) are asked to specifically explain the family's means of support, a student/parent discovers they have forgotten to list some sources of income/support on the application.

**1. IN 2012 OR 2013 DID YOU OR ANYONE IN YOUR HOUSEHOLD RECEIVE THE FOLLOWING?**

- Social Security Benefits
- Temporary Assistance for Needy Families (TANF)
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***IF YOU DID NOT CHECK EITHER OPTION ABOVE, COMPLETE STEP 2***

**2. IF YOU DID NOT CHECK EITHER OPTION ABOVE THEN PLEASE FILL IN THE TOTAL AMOUNT PAID IN 2013 FOR EACH ITEM YOU WERE OBLIGATED TO PAY AND THE SOURCE OF PAYMENT:**

*(Obligated to pay means you were responsible for the payment. See below for examples of Source of Payment.)*

<u>Bill</u>	<u>Total Amount Paid in 2013</u>	<u>Source of Payment</u>	<u>Examples of Source of Payment</u>
Housing			Food Stamps (SNAP), WIC, Free or Reduced Lunch, Fuel Assistance, State/City/Town Assistance, Child Support Received, Credits Cards, Someone else paid for you, Work, Savings, Student Loans...
Utilities			
Food			
Clothing			
Transportation			
Telephone			

I/We certify that the above information about means of support is complete and correct. I/We understand that the information on this form may require further follow up from the Financial Aid Office. By signing this form, I/we certify that all of the information reported to qualify for Federal Student Aid is complete and correct. If I receive financial aid based on false or misleading information, I will be required to return the funds.

STUDENT NAME: \_\_\_\_\_

NCC ID: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_  
(If Dependent student)

DATE: \_\_\_\_\_