FINANCIAL AID OFFICE
360 Choate Ave., Buffalo, NY 14220
OFFICE 716.826.1200
FAX 716.828.6117

2015 – 2016 Resource Statement

Student Name: _____ Phone: _____

The level of income reported on your 2015-2016 FAFSA form is lower than the standard cost of living. To proceed with the processing of your financial aid, please complete this form to demonstrate how you supported yourself. **List all people and their relationship to you that you lived with in 2014.**

Name	Relationship	Name	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Monthly Resources (for EVERYONE listed ABOVE)

Source of Income 2014		Monthly Amount	Recipient
Alimony	$	_____	_____
Child Support (received)	$	_____	_____
Food Stamps (SNAP)	$	_____	_____
Free or Reduced Price School Lunches	$	☐ Yes	_____
Housing Assistance (Belmont, etc.)	$	_____	_____
Income from Work – Not on W-2 Form	$	_____	_____
Income from Work – reported on W-2's	$	_____	_____
Medicaid or Medicare		☐ Yes	_____
Pension	$	_____	_____
Social Security (SS)	$	_____	_____
Social Security Disability (SSD)	$	_____	_____
Social Services (Welfare)	$	_____	_____
Supplemental Security Income (SSI)	$	_____	_____
Temporary Assistance to Needy Families	$	_____	_____
Unemployment	$	_____	_____
Women, Infants, and Children (WIC)		☐ Yes	_____
Workers Compensation (WC)	$	_____	_____
Bills in my name - paid by someone else	$	_____	_____
Other	$	_____	_____

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. If you are a dependent student, at least one parent must sign. **Warning:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both

_____ _____
Student Signature Date

_____ _____
Parent Signature Date
(Dependent Student Only)

Return this form to the Financial Aid Office at Trocaire College.

Updated as of 2/2015