



2019-20 Means of Support Form (Parent)

Student Name

SSU I.D.

Instructions to Parent(s):

The amount you reported on the financial aid application for 2017 income appears to be insufficient to support your household. To verify your means of support, answer all of the questions below. **Section 1** includes types of income that should have been reported on the financial aid application. **Section 2** includes other means of support that are not reported on the financial aid application. In **Section 3, you must provide a written explanation** as to how you provided for housing, food, utilities, clothing, transportation, medical care, etc. Use the space provided in Section 3 or attach a separate piece of paper. If the statement is incomplete or unclear, we will return this form for further clarification. **Enter a zero if there is no amount to report for a particular item. DO NOT leave any item blank.**

Section 1: Enter the amount for parent(s) untaxed income received in 2017 **Yearly Amount**

a. Payments to tax-deferred pension and saving plans in 2017 (paid directly or withheld from earnings), including amounts reported on the W-2 Form in Boxes 12a through 12d, codes D, E, F, G, H and S. Don't include amounts reported in code DD (employer contributions toward employee health benefits).	<input style="width: 100%; height: 40px;" type="text"/>
b. Child support you received in 2017 for all children. Don't include foster care or adoption payments.	<input style="width: 100%; height: 40px;" type="text"/>
c. Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits) in 2017.	<input style="width: 100%; height: 40px;" type="text"/>
d. Veterans' non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances received in 2017.	<input style="width: 100%; height: 40px;" type="text"/>
e. Other untaxed income not reported, such as workers' comp., disability, etc. List source and yearly amount:	
Source <input style="width: 450px; height: 25px;" type="text"/>	2017 Yearly Amount <input style="width: 100%; height: 25px;" type="text"/>
Source <input style="width: 450px; height: 25px;" type="text"/>	2017 Yearly Amount <input style="width: 100%; height: 25px;" type="text"/>
Source <input style="width: 450px; height: 25px;" type="text"/>	2017 Yearly Amount <input style="width: 100%; height: 25px;" type="text"/>

Section 2: Enter other sources of parent(s) means of support received in 2017

Did you receive any other support, such as TANF, Cal Fresh/SNAP/food stamps, subsidized housing, WIC, Social Security benefits or other welfare benefits in 2017? If so, list the source(s.) *You do not need to estimate the amount received from these sources.*

Source <input style="width: 300px; height: 25px;" type="text"/>	Source <input style="width: 300px; height: 25px;" type="text"/>
Source <input style="width: 300px; height: 25px;" type="text"/>	Source <input style="width: 300px; height: 25px;" type="text"/>
Source <input style="width: 300px; height: 25px;" type="text"/>	Source <input style="width: 300px; height: 25px;" type="text"/>

Please note this is a two page form and both pages are required for submission and review. We will not accept this To Do List item unless both pages are included and complete.



Financial Aid Office
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Section 3: Written explanation of how you supported your household in 2017: Explain how you provided housing, food, utilities, clothing, transportation, medical care, etc. for your household.

Statement of Certification: I certify that the above information is true and complete.

Parent Name (please print)

Phone number

Parent Signature

Date