

Student Name

Financial Aid Office 1801 East Cotati Avenue Rohnert Park, CA 94928

www.sonoma.edu/finaid

Telephone: (707) 664-2389 Fax: (707) 664-4242

SSU I.D.

2019-20 Means of Support Form (Student)

Instructions: 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 student/spouse 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).			
b. Child support you received in 2017 for all children. Don't include foster care or adoption payments.			
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.			
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.			
e. Money received, or paid on your behalf, not reported elsewhere on this form in 2017. For example, bills in your name for rent, utilities, car payment, etc., that were paid by someone else.			
f. Did you perform work in exchange for free room and board in 2017? If so, list the value of the room and board.			
g. Did you receive funds from federal or state financial aid programs in 2017? If so, list total amount of aid received.			
h. Other untaxed income not reported, such as workers' comp., disability, etc. List source and yearly amount:			
Source 2017 Yearly Amount			
Source 2017 Yearly Amount			
Source 2017 Yearly Amount			

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.



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Section 2: Enter other sources of student/spouse 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? If so, list the source(s.) <i>You do not need to estimate the amount received from these sources</i> .			
Source	So	purce	
Source	So	purce	
Source	So	purce	
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.			
Student Name (ple	ease print)	Phone number	
Student Signature		Date	