# 2019-2020 Proof of Support Parent Form

Office of Student Financial Services

UNIVERSITY OF THE Arts

The 2019-2020 Free Application for Federal Student Aid (FAFSA) contained conflicting information or no visible means of support. This information is required in order for us to process your financial aid application. Please complete this form fully & do not leave any blanks.

Student's Name: _____ School ID# _____

## Parent Information:

**2017 Income -** Estimate the total amount for the year (not monthly) you paid for these items.

| | | |
|---|---|---|
| Income from Work (wages, business, farm) | $ | Per year |
| Other Taxed Income (pensions/interest/dividends, etc.) | $ | Per year |
| Unemployment Compensation | $ | Per year |
| Social Security Benefits | $ | Per year |
| Workman's Compensation | $ | Per year |
| Public Assistance/TANF | $ | Per year |
| SNAP/Food Stamps | $ | Per year |
| Child Support | $ | Per year |
| Cash Support Provided by Others | $ | Per year |
| In-Kind Benefits (Room/Board Provided, Est. Amount) | $ | Per year |
| College Financial Aid | $ | Per year |
| Total Other (On separate page provide a complete breakdown & amounts per item for the year) | $ | Per year |
| **Total Income** | $ | |

**2017 Expenses -** Estimate the total amount for the year (not monthly) you paid for these items.

| | | |
|---|---|---|
| College Tuition, Fees, Books, Supplies | $ | Per year |
| Rent/Mortgage | $ | Per year |
| Food | $ | Per year |
| Utilities | $ | Per year |
| Transit Pass/Car & Insurance Payments | $ | Per year |
| Gasoline | $ | Per year |
| Personal Expenses | $ | Per year |
| Clothing | $ | Per year |
| Out-of-Pocket Medical Expenses | $ | Per year |
| Total Other (On separate page provide a complete breakdown & amounts per item for the year) | $ | Per year |
| **Total Cost** | $ | |

Total Income - Total Cost = _____ **If negative, you must attach an explanation.**

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

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