



2019-2020

Homeless/Dependency Renewal Form

Please use BLACK ink ONLY

Student Name: _____ Student ID Number: A _____

A. Student (and spouse if applicable) Information: (MUST PROVIDE PROOF OF ANY STATE AND/OR FEDERAL ASSISTANCE)

Use this chart to document how you pay your basic living expenses.

| 2017 Expenses | Annual Amount | How is this expense paid? Example: pay check, loans, Pell grant, child support, social security/SSI, etc. |
|---|---------------|--|
| Rent or Mortgage | \$ | |
| Utilities | \$ | |
| Groceries/ Household Supplies | \$ | |
| Car Payment/Gas | \$ | |
| Insurance | \$ | |
| Child Care/ Day Care | \$ | |
| Diapers and Baby Food | \$ | |
| Personal- clothing, cell phone, entertainment, etc. | \$ | |

Source(s) of Untaxed Income Received: _____ Amount \$ _____

Student Signature _____ Date: _____

B. LIVING SITUATION:

- During the holidays and summer months (**when school is not in session**), what are your living arrangements?

- During holidays and summer months (**when school is not in session**), what is your mailing address and whose residence is this?

C. ADDITIONAL INFORMATION:

What other Social Services agency provide you support (i.e. DHS, SNAP, Housing Authority, etc.)? **Must provide proof of assistance.** _____

