

C. Tax forms and Income Information

If you did not file and are not required to file a 2015 Federal income tax return, list below your employer(s) and any income received in 2015 (Attach your **Forms W-2 or 1099** from all sources of earned income)

	Not Applicable	Did not have any income	Did not File Taxes for 2015 (Attach Verification of Non-Filer)	Used IRS Data retrieval	Name of Employer	Wages
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Parent #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Parent #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

D. Additional Information

In 2015 or 2016 did anyone in your household receive any of the following?

75/97 SSI/Medicaid	<input type="checkbox"/>	79/101 WIC	<input type="checkbox"/>
76/98 SNAP(Food Stamp)	<input type="checkbox"/>	84 Parent(s) Dislocated Worker	<input type="checkbox"/>
77/99 Free/Reduced Lunch	<input type="checkbox"/>	102 Student Dislocated Worker	<input type="checkbox"/>
78/100 TANF	<input type="checkbox"/>	Did not receive any	<input type="checkbox"/>

E. Child Support Received & Paid

Child Support Received Did not receive any Child Support

Name of Adult Who Received the Support	Name of Child For Whom Support Was Received	Amount of Child Support Received in 2015

Child Support Paid Did not pay any Child Support

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support was Paid	Amount of Child Support Paid in 2015

F. Statement of Educational Purpose

I certify that I, _____ (Print Student's Name) am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes to pay the cost of attending Bronx Community College (CUNY) for the 2017-2018 award year.

Student's Signature: _____ Date: _____

G. Certification

If you are the parent or the student, by signing this application you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed form.

Student's Signature

Date

Parent's Signature

Date