



**C. Tax forms and Income Information**

If you did not file and are not required to file a 2016 Federal income tax return, list below your employer(s) and any income received in 2016 (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 2016 (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 2016 or 2017 did anyone in your household receive any of the following?**

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

**E. 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 2018-2019 award year.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**F. 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 2016

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 2016

**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