

## 2017-18 Independent Survival Statement

(this form is to be filled out by the student and spouse if applicable only)

Student's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

There was little or no income reported on your FAFSA. Please select one of the options below to verify your means of financial support and report ANNUAL amounts.

### During the year 2015:

\_\_\_\_\_ I lived with friends and or relatives and I did not work. The amount I received in support (*excluding* room and board: rent, utilities, food etc) was \$\_\_\_\_\_

\_\_\_\_\_ I was supported by friends and or relatives and I did not work.  
The amount I received in support was \$\_\_\_\_\_

\_\_\_\_\_ I received child support in the amount of \$\_\_\_\_\_

\_\_\_\_\_ I am newly divorced/separated and I was supported by my spouse.

\_\_\_\_\_ I am living on welfare benefits in the amount of \$\_\_\_\_\_

\_\_\_\_\_ Other - please use the space provided below to explain your situation:

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_