

Session: 2161	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Track Code: SR	SOCIAL SECURITY NUMBER
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	MPC STUDENT'S ID NUMBER

2016—2017 Statement of Resources

CHOOSE ONE: **PARENT** **STUDENT** Use ink only.

You indicated on your Verification Worksheet or on your Student Aid Report that you had **no income** for 2015. Please list all sources of income or In-Kind monies given to you from January 2015 to December 2015.

Resource	Per Year
Income from employment 2015	\$ _____
Monies received from financial aid in 2015-2016	\$ _____
Income from Work-Study employment	\$ _____
Social Security Income/Pension (SSI/SSP)	\$ _____
Social Security Disability (SSD)	\$ _____
AFDC/TANF	\$ _____
Unemployment benefits	\$ _____
Food Stamps	\$ _____
Child support received	\$ _____
Alimony	\$ _____
Money received or paid out on your behalf (e.g., rent, utilities bills, car payment, medical/dental, clothing, phone bill, credit card bill, food)	\$ _____
Other income sources:	
1. _____	\$ _____
2. _____	\$ _____
Total Resources for year 2015	\$ _____

If you received none of the above resources for 2015 please explain how you supported yourself: (NOTE: If someone else supported you, you must include a dollar amount above under “Money received or paid out on your behalf”)

CERTIFICATION STATEMENT: I certify that all information reported on this form is true and accurate to the best of my knowledge.

 Student's or Parent's Signature (whomever is checked above)

 Date

 Student's Social Security Number or Student's ID Number