



Financial Aid Office
 360 Choate Avenue
 Buffalo, NY 14220
 716.826.1200

First Name: _____ Last Name: _____ Student ID _____

Section 1: Additional Financial Support

Please provide information about any other resources, benefits and other amounts received by the student, parents and any members of the parents' household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and include such things as federal veterans' education benefits, military housing, SNAP, TANF, etc.

Name of Recipient	Type of Financial Support Received in 2022	Student Amount for 2022	Parent or household member Amount for 2022
<i>Jeff Jones (example)</i>	SNAP	0	\$4164
	AFDC Benefits (Specify Type)		
	TANF		
	SNAP		
	Housing Assistance (Specify Type)		
	Utility Assistance (Specify Type)		
	WIC		
	WIA		
	Medicaid/SSI (Specify Type)		
	Combat Pay		
	Unemployment compensation		
	Student Aid used for living expenses		
	Alimony		

If you received other assistance that is not listed above please provide an explanation below with the type and amount of the assistance provided. *For example if your family lives with someone who provides you room and board please provide their name, relationship to you and an estimate for the amount of support provided.*

Section 2: Child Support Received

Name of Adult Who Received the Child Support in 2021	Name of Child for Whom Support Was Received in 2021	Annual Amount of Child Support Received in 2021
<i>Joe Jones</i>	<i>Josh Jones</i>	<i>\$5,000</i>
Total Amount of Child Support Received		\$



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Section 3: Untaxed Income

Name of Person Who had Untaxed Income in 2021	Type of Untaxed Income Received in 2021	Student Amount for 2021	Spouse Amount for 2021
Joe Jones	Money received or paid on the students behalf	\$500.00	0
	Payments to tax-deferred pension and savings plans		
	Housing, food, and other living allowances paid to members of the military, clergy		
	Veterans non-education benefits		
	Money received or paid on the students behalf		
	Other untaxed income		

Other Untaxed Income includes: Untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' compensation, disability benefits, black lung benefits, untaxed portions of health savings accounts from IRS Form 1040 line 25, railroad retirement benefits etc.

Do not include: items reported or excluded in the table above. In addition, do not include: extended foster care benefits, student aid, earned income credit, additional child tax credit, TANF, untaxed social security benefits, SSI, WIOA educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements, foreign income exclusion or credit for federal tax on special fuels.

Section 4: Certification and Signature - Please *handwrite* your signature. Typed Signatures cannot be accepted.

I certify that all information provided in this document is true, complete and accurate to the best of my knowledge. I further understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. Also, purposely giving false or misleading information on this worksheet may lead to fines, jail sentences, or both. I authorize Trocaire College to make any change(s) necessary as a result of the updated information that I have provided.

Student Signature (*Cannot be typed*) _____ Date _____ Parent Signature (*Cannot be typed*) _____ Date _____