



Financial Aid Office

505 Amherst Street Nashua, NH 03063
Office hours M-Th: 8:00am-6:00pm Fri: 8:00am-4:30pm
Tel: (603) 578-8903 Fax: (603) 883-1636

2017-2018 Verification of Means of Support

This form should be completed by the Independent Student or the Parent of the Dependent Student.

- 1. Please check below if, in 2015 or 2016, you or anyone in your household received the following:
Social Security Benefits
Temporary Assistance for Needy Families (TANF)
2. If no one in your household received either of the above, please complete the following with the total amount you paid in 2015 for your obligations in each category and indicate the source of your payment.

Table with 3 columns: Bill, Total Amount Paid in 2015, Source of Payment\*. Rows include Housing, Utilities, Food, Clothing, Transportation, Telephone.

By signing I/we certify that all of the information I/we provided is true and complete to the best of my/our knowledge and I/we agree, if asked, to provide information that will verify the accuracy of this completed form.

STUDENT NAME: ID:

STUDENT SIGNATURE: DATE:

PARENT SIGNATURE: DATE:
(If Dependent Student)