



Office of Financial Aid
 323 Erie Street, P.O. Box 5015, Port Huron, Michigan 48061-5015
 810-989-5530 fax 810-989-5774 sc4.edu

Student ID: _____
Rec'd by: _____
Date: _____

2021-2022 Resources Form

Name _____ Student No. (SSN) _____

Email _____

This form has been requested because income reported on the FAFSA was blank, zero or appears to be too low to have met basic living expenses for an individual or family.

Section A - In 2019 or 2020, did you, your parents or anyone in your parents' household receive benefits from any of the federal programs listed? Mark all that apply. Answering these questions will not reduce eligibility for student aid or these programs.

- Supplemental Security Income (SSI)
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)

Were you incarcerated during 2019? Yes (Please provide documentation) No

Section B - Student Section

Were you (and your spouse) required to file a 2019 federal income tax return (1040)? Yes No

If yes, please attach a copy of your 2019 signed IRS Tax Return.

Use the chart below to report your 2019 expenses and all forms of income received in 2019 from friends, relatives and other resources that helped you pay these living expenses.

2019 expenses	Cost per month (\$0 is not acceptable)	Who paid for it? (Work, parents, friends, FIA*)
A) Housing (rent/mortgage)	\$	
B) Food	\$	
C) Other (clothing, medical, car)	\$	
D) Total 2019 living expenses per month, Add lines A+B+C	\$	
E) Multiply line D x 12 Total 2019 living expenses	\$	

C. Parent Section- For Dependent Students

Were you (and your spouse) required to file a 2019 federal income tax return (1040)? Yes No

If yes, please attach a copy of your 2019 signed IRS Tax Return.

Use the chart below to report all 2019 expenses and forms of income received in 2019 from friends, relatives and other sources that helped you pay for your living expenses.

2019 expenses	Cost per month (\$0 is not acceptable)	Who paid for it? (Work, parents, friends, FIA*)
A) Housing (rent/mortgage)	\$	
B) Food	\$	
C) Other (clothing, medical, car)	\$	
D) Total 2019 living expenses per month, Add lines A+B+C	\$	
E) Multiply line D x 12 Total 2019 living expenses	\$	



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D. Certification: I (we) certify that the above information is true and accurate.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

If you are able, please print and physically sign this form. If you do not have access to print, please type your name above, but you both will need to come into the Financial Aid office once we re-open to sign.

Submit this worksheet to the Financial Aid Office at SC4.

St. Clair County Community College
financialaid@sc4.edu