



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: _____

2022-2023 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 2020 or 2021, 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.

- | | |
|--|--|
| Medicaid or Supplemental Security Income (SSI) | Free and Reduced Price School Lunch |
| Supplemental Nutrition Assistance Program (SNAP) | Special Supplemental Nutrition Program for Women, Infants and Children (WIC) |
| Temporary Assistance for Needy Families (TANF) | |
| Were you incarcerated during 2020? Yes (Please provide documentation) No | |

Section B - Student Section

Were you (and your spouse) required to file a 2020 federal income tax return (1040)? Yes No

If yes, please attach a copy of your 2020 signed IRS Tax Return.

Use the chart below to report your 2020 expenses and all forms of income received in 2020 from friends, relatives and other resources that helped you pay these living expenses.

2020 expenses	Cost per month (\$0 is not acceptable)	Who paid for it? (Work, parents, friends, Michigan Dept of Health and Human Services)
A) Housing (rent/mortgage)	\$	
B) Food	\$	
C) Other (clothing, medical, car)	\$	
D) Total 2020 living expenses per month, Add lines A+B+C	\$	
E) Multiply line D x 12 Total 2020 living expenses	\$	

C. Parent Section- For Dependent Students

Were you (and your spouse) required to file a 2020 federal income tax return (1040)? Yes No

If yes, please attach a copy of your 2020 signed IRS Tax Return.

Use the chart below to report all 2020 expenses and forms of income received in 2020 from friends, relatives and other sources that helped you pay for your living expenses.

2020 expenses	Cost per month (\$0 is not acceptable)	Who paid for it? (Work, parents, friends, Michigan Dept of Health and Human Services)
A) Housing (rent/mortgage)	\$	
B) Food	\$	
C) Other (clothing, medical, car)	\$	
D) Total 2020 living expenses per month, Add lines A+B+C	\$	
E) Multiply line D x 12 Total 2020 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.

Submit this worksheet to the Financial Aid Office at SC4.

St. Clair County Community College
financialaid@sc4.edu