



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](http://sc4.edu)

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

**2023-2024 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 2021 or 2022, 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 2021? Yes (Please provide documentation) No |  |

**Section B - Student Section**

Were you (and your spouse) required to file a 2021 federal income tax return (1040)?  Yes  No

*If yes, please attach a copy of your 2021 signed IRS Tax Return.*

**Use the chart below to report your 2021 expenses and all forms of income received in 2021 from friends, relatives and other resources that helped you pay these living expenses.**

2021 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 2021 living expenses per month, Add lines A+B+C	\$	
E) Multiply line D x 12 Total 2021 living expenses	\$	

**C. Parent Section- For Dependent Students**

Were you (and your spouse) required to file a 2021 federal income tax return (1040)?  Yes  No

*If yes, please attach a copy of your 2021 signed IRS Tax Return.*

Use the chart below to report all 2021 expenses and forms of income received in 2021 from friends, relatives and other sources that helped you pay for your living expenses.

2021 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 2021 living expenses per month, Add lines A+B+C	\$	
E) Multiply line D x 12 Total 2021 living expenses	\$	



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](http://sc4.edu)

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

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

You must physically sign this form, a typed signature is not acceptable.

***Submit this worksheet to the Financial Aid Office at SC4.***

**St. Clair County Community College**  
**[financialaid@sc4.edu](mailto:financialaid@sc4.edu)**