

SECTION II: Student's Primary Residence: Indicate where you currently live: _____

List the people in your household, including:

(ADDRESS)

- yourself, and your spouse if married
- your children
- Anyone who lives in the household (ex. Parents, grandparents, siblings, boyfriend, girlfriend, roommate, etc.)

Write the names of all household members below.

Full Name	Relationship to student
	<i>Self</i>

Total Household Bills:

Housing-Mortgage/Rent: \$ _____ Month
 Food: \$ _____ Month
 Electric: \$ _____ Month
 Heating/Cooling: \$ _____ Month
 Water/Sewer/Garbage: \$ _____ Month
 Cell/Phone service: \$ _____ Month
 Cable/TV: \$ _____ Month
 Internet service: \$ _____ Month

Do you receive low income housing benefits? If so, please list the type of housing support you received (i.e. Section VIII, Subsidized Housing) _____

Were any bills for your household paid by someone else or an organization? Yes No
 If yes, list each bill and the amount paid for the year and who paid the bill.

Did you or anyone in your household receive any of the following benefits in 2018?

WIC \$ _____ Public Housing \$ _____ month TANF \$ _____ month Utility Check Payment \$ _____ month

SECTION IV: Certification(s): *By signing this form I (we) attest that the information is truthful to the best of my (our) knowledge.*

Student's Signature: _____ Date: _____

Student's Social Sec. #: _____

Please return the completed form to:

MOUNT ALOYSIUS COLLEGE, FINANCIAL AID OFFICE, 7373 ADMIRAL PEARY HWY, CRESSON, PA 16630
 OFFICE: (814) 886-6357 FAX (814) 886-6463
 EMAIL: financialaid@mtaloy.edu