



**SECTION II: Student's Primary Residence: ADDRESS where you currently live: \_\_\_\_\_**

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

**Were any bills for your parent(s) 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.**

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**Did you or anyone in your parent's household receive any of the following benefits in 2022?**

- |  |   |
|--|---|
| <input type="checkbox"/> WIC \$ _____ month            | <input type="checkbox"/> Snap \$ _____ month                  |
| <input type="checkbox"/> Public Housing \$ _____ month | <input type="checkbox"/> Social Security \$ _____ month       |
| <input type="checkbox"/> TANF \$ _____ month           | <input type="checkbox"/> Utility Check Payment \$ _____ month |

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**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. #: \_\_\_\_\_

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

**Please return the completed form to:**

MOUNT ALOYSIUS COLLEGE,  
FINANCIAL AID OFFICE,  
7373 ADMIRAL PEARY HWY,  
CRESSON, PA 16630

814-886-6357