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 STUDENT NAME

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 UMASS GLOBAL ID NUMBER

Additional information is needed about people in your household for whom you (or your parent, if dependent) will provide more than 50% of their support.

I have included documentation of the permanent address for the person(s) listed below:

☐ Yes    ☐ No    If No, explain: \_\_\_\_\_

**Resources of the persons you (or your parent, if dependent) support for 2020:**

(list annual amount, do not leave any items blank, if it does not apply use zero or n/a)

	Name/Relationship:	Name/Relationship:	Name/Relationship:	Name/Relationship:
Resource:	Annual Amount	Annual Amount	Annual Amount	Annual Amount
Income from work	\$	\$	\$	\$
Unemployment, Welfare/TANF, SNAP, WIC, etc. Include amounts received on their behalf.	\$	\$	\$	\$
Financial aid refunds	\$	\$	\$	\$
Social Security Income (Retirement or Disability), pensions, VA Benefits	\$	\$	\$	\$
Alimony, child support	\$	\$	\$	\$
Other income (specify here):	\$	\$	\$	\$
Cash support from family members (other than you or your parent, if dependent)	\$	\$	\$	\$
Current amount in their savings and checking accounts	\$	\$	\$	\$

## 2020-2021 SUPPORT STATEMENT FORM

### Expenses of the person(s) supported for 2020: (annual amount)

	Name:	Name:	Name:	Name:
	Annual Amount	Annual Amount	Annual Amount	Annual Amount
Clothing	\$	\$	\$	\$
Medical, dental	\$	\$	\$	\$
Transportation	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$

### Expenses for the entire household for 2020 (annual amount):

Housing for entire year (Complete <i>either</i> item a or b)	
(a) Rent paid	\$
(b) Or, mortgage payment	\$
Food	\$
Utilities (internet, electricity, heat, light, water, etc. that are not already included in line a or b)	\$
Mobile Phone	\$
Repairs/Maintenance (not included in line a or b)	\$
Other Expenses (specify):	\$
Total number of persons who live in the household	

CERTIFICATION: All of the information on this form is true and complete to the best of my knowledge. If asked by the financial aid office, I agree to give proof of the information provided on this form. I understand that giving incomplete, misleading or false information may result in significant processing delays, reduced eligibility and/or repayment of aid.

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 STUDENT SIGNATURE

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 DATE

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 PARENT SIGNATURE IF DEPENDENT

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 DATE

Submit Completed Form via the Student Portal OR

**Fax:** 866-659-1147 **Mail:** UMass Global, Financial Aid Office, Third Floor 16355 Laguna Canyon Rd, Irvine, CA 92618