

2009-2010
Federal Benefits Programs

Student's Name _____ Student's ID _____

On your 2009-10 FAFSA you indicated that you/your spouse/your child(ren)/your parent(s) or your sibling(s) received the following program(s) checked below, in 2008. Please read the definition carefully and answer the questions pertaining to each. The amount received for these programs will not be used as income on the FAFSA.

- 77/98 SSI:** This would be Title 16 "needs-based" benefits = age 65 and older, disability or blindness. If you only received Title 2 benefits based on the length of time and amount paid in F.I.C.A. payroll taxes = retirement, survivor or disability then you shouldn't mark this one. Please provide a copy of the benefit award letter.

Did someone receive this benefit? Yes No

Who directly received the benefit (i.e. sibling)? _____

If yes to Title 16 benefits, how much was received per month? \$ _____

For how many months in 2008? _____

- 78/99 Food Stamps:** This is a program to help low-income people buy food.

Did someone receive this benefit? Yes No

Who directly received the benefit? _____

If yes, how much was received per month \$ _____ For how many months in 2008? _____

- 79/100 Free or Reduced Price School Lunch:** Food and milk program based on household size and income eligibility guidelines.

Did someone receive this benefit? Yes No

Who directly received the benefit? _____

If yes, please provide us with a Letter of Approval.

- 80/101 TANF/Welfare:** This is a program that provides temporary assistance and work opportunities to needy families. This may have a different name in your state.

Did someone receive this benefit? Yes No

Who directly received the benefit? _____

If yes, how much was received per month? \$ _____ For how many months in 2008? _____

- 81/102 WIC:** WIC is a nutrition program that provides nutrition and health education, healthy food and other services to pregnant women, nursing mothers and children under age five.

Did someone receive this benefit? Yes No

Who directly received the benefit? _____

If yes, how much was received per month? \$ _____ For how many months in 2008? _____

Provide us with your best estimate as to what you spent each month \$ _____

Please complete, sign and return this form to the Office of Student Financial Services WITHIN 7 DAYS. If you have questions as to how to complete this form, please call Mary at 701-231-8398 for assistance. Thank you for your cooperation and prompt response. Your financial aid will be on hold until all information is received and your application has been verified.

By signing this form, you are certifying that the information reported is true and accurate.

Student's Signature _____ Date ____/____/____

Parent's Signature _____ Date ____/____/____