
2009-2010
Social Security Benefit Form

Student's Name _____ Student's ID _____

All types of Social Security Benefits should be reported on Worksheet A of the FAFSA, but you should only mark question 77 or 98 if you have limited income and resources and are disabled, blind or at least 65 years old. Since this is not clearly stated in the directions, we felt it was beneficial to identify these recipients and correct their FAFSA's if necessary.

In 2008, did you/your parent or sibling, spouse or child receive Social Security Benefits? Yes No

If yes, which type was received?

- Supplemental Security Income (SSI) Title 16 "needs-based" benefit = Age 65 and older, disability or blindness
- Social Security Entitlements (SSE, SSD, SSDI or RSDI) Title 2 benefit based on the length of time and amount paid in F.I.C.A. payroll taxes = Survivor, retirement or disability

How much per month? \$ _____

How many months in 2008? _____

Who receives the benefit (i.e. sibling)? _____

Please provide a copy of the Form SSA-1099 – Social Security Benefit Statement(s) or a copy of the benefit award letter confirming that benefits will be paid, how much the payment is and when it starts.

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** ____/____/____