



Financial Aid Office, Bldg. 2
 1000 College Blvd., Pensacola, FL 32504-8998
 Office Phone: 850.484.1680
 Questions: fava@pensacolastate.edu

FINANCIAL AID, VETERAN SERVICES, AND SCHOLARSHIPS

Student ID _____ Student Name _____

STATEMENT OF FINANCIAL RESOURCES

The PSC Financial Aid Office is required to check the accuracy of the information you provided on your FAFSA to determine your eligibility. Additional information is required to process your Federal financial aid. Your FAFSA indicates one or more of the following:

- NO income reported in 2020 (or no parental income)
- A portion (or all) of the income section was left blank
- The income reported on the FAFSA was unusually low and inconsistent to support the number of family members listed in your household

If you (or your parent) were employed but did not file taxes, please follow the link to IRS website to see make sure your non-filing status is correct, <http://www.irs.gov/uac/Do-I-Need-to-File-a-Tax-Return%3F>

- ❖ Please provide a copy of all W-2s or 1099s
- ❖ Please indicate below if you receive any benefits such as SNAP, Social Security/Social Security Disability, Workers' Compensation, Unemployment, Child support or Alimony, or any other untaxed income, including, but not limited to, monetary gifts or assistance from family and friends

Type of Resource: 1. SNAP _____ 2. SSI/SSDI _____ 3. TANF _____ 4. Workers' Compensation _____

5. Unemployment _____ 6. Child Support _____ 7. Alimony _____

Other _____ (please explain) _____

Yearly Amount of Checked Resource (s): 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____

***If you (or your parent) did not work, claimed no income on the FAFSA, and did not receive any of the above listed benefits please fill out the following Expense section. Please provide a brief explanation as to how you, or your parent(s), are financially supported. _____

Expenses	Amount per month	Paid by
Rent		
Food		
Utilities		
Cell phone		
Car payment		
Car insurance		
Other		

Student Signature _____ Date _____

Parent Signature _____ Date _____