MEDGAR EVERS COLLEGE

of The City University of New York
1637 Bedford Avenue
Brooklyn, New York 11225

OFFICE OF FINANCIAL AID
(718) 270-6141 FAX (718) 270-6194

NOTARIZED STATEMENT OF INCOME SUPPORT FOR PARENT (S)

1. _____ **2**. _____
(Parent(s) Name) (Social Security Number)

Based on the Student Aid Report (SAR), the applicant is required to provide a statement of income for the parent(s). The person completing this form certifies that he/she is the primary source of support for the applicant's parent(s). The applicant is applying for financial aid at Medgar Evers College, CUNY.

3. I, _____, confirm that I support the parent(s).
(Name of person supporting the parent(s))

Please answer the following questions:

4. How long have you been supporting the parent(s)?
[ ] 0-3 Months [ ] 3-6 Months [ ] 6-9 Months [ ] 9-12 Months [ ] Over a year

5. Did you claim the parent(s) on your _____ 1040/1040A Income Tax Form? [ ] **Yes** [ ] **No**

6. What is your relationship to the parent(s)?
[ ] Parent [ ] Sister [ ] Brother [ ]Friend [ ] Other Specify: _____

7. How much support do you provide to the parent(s)? Indicate the amount and frequency.
$_____ per [ ] week [ ] every two weeks [ ] per month [ ] yearly

8. What is the parent(s) marital status?
[ ] Single [ ] Married [ ] Separated [ ] Divorced [ ] Widowed

9. Signature of Supporting Person_____ Date_____

10. Signature of Parent(s)_____ Date_____

<u>THIS FORM IS ACCEPTABLE ONLY IF NOTARIZED</u>

_____
(Signature of Notary Public)

NOTARY SEAL **Date**_____