

2020-2021

CERTIFICATION OF SUPPORT FOR DEPENDENT(S)

Student Name:			
Student Number:			
Enter the ANNUAL totals below itemizing, yourself AND provide more than 50% of de academic year.		•	_
I certify that I will provide more that dependent(s) during the current aca		for the follow	ing
1	2		
3	4		
Category	Ann	ual Amount p	<u>rovided</u>
Mortgage Payment or Rent:		\$	/year
Utilities (lights, water, phone, cable, gas)		\$	/year
Groceries		\$	/year
Transportation (car payment, insurance, gas)		\$	/year
Living allowances		\$	/year
Total of all categories to support yourself and	l your dependent(s)	\$	
Student Signature:			
Date:			