

SECTION II: Student's Primary Residence: Indicate where you currently live: _____

Do you parents receive low income housing benefits? If so, please list the type of housing support your parent received (i.e. Section VIII, Subsidized Housing) _____

Were any bills for your household paid by someone else or an organization? Yes No
If yes, list each bill and the amount paid for the year and who paid the bill.

Did you or anyone in your household receive any of the following benefits in 2017?

- SNAP \$ _____ month
- WIC \$ _____ month
- Public Housing \$ _____ month
- TANF \$ _____ month
- Utility Check Payment \$ _____ month

SECTION IV: Certification(s): *By signing this form I (we) attest that the information is truthful to the best of my (our) knowledge.*

Student's Signature: _____ Date: _____

Student's Social Sec. #: _____

Parent's Signature: _____ Date: _____

Please return the completed form to:

MOUNT ALOYSIUS COLLEGE, FINANCIAL AID OFFICE, 7373 ADMIRAL PEARY HWY, CRESSON, PA 16630
OFFICE: (814) 886-6357 FAX (814) 886-6463
EMAIL: financialaid@mtaloy.edu