MOODY BIBLE INSTITUTE 2017-2018 Dependency Support Statement (Others)

Student's Name			Student's MBI I	Student's MBI ID Number		
Γο complete the verification of of the financial support for the converse worksheet. A person other than	dependent(s) v	vho is not you	ur child or a spouse th	at you list	ed on your Verification	
• He/she lives with y June 30, 2018.	you and receiv	es more than	1 50% of his/her suppo	ort from yo	ou between July 1, 2017	7 an
Check this box and comple A. List below the deperture from you between Judditional a sheet for	endent(s) who fuly 1, 2017 ar	live with you nd June 30, 2	and will receive mor	e than 50%		
Full Name of Dependent (First, Middle Initial, Last)	DOB SSN (last 4)		Relationship	Number of months living in your home between July 1, 2017 and June 30, 2018		
B. List below you and	your depende	nt's monthly	incomes. List all sour	rces of inc	ome.	
	Source		Stude		Dependent	
Income earned from			\$		\$	
Unemployment ben			\$		\$	
TANF/Welfare/Foo			\$		\$	
Child support			\$		\$	
Social Security					\$	
Financial Aid			\$ \$		\$	
Other Income (please specify)			\$		\$	
C. List below the monin Section A:	thly expenses	that you pay	from your income to	support yo	our dependent who is lis	sted
Rent/Mortgage	<u> </u>					
· · · · · · · · · · · · · · · · · · ·	Utilities (Gas/Electricity/Water)					
Food						
Daycare			\$ \$			
Insurance	Insurance					
	Other (list)					
Other (list)			\$			
Check this box only if you support from you between Certification and Signature Before federal student a verification. WARNING: If or both. By signing this wo	July 1, 2017 a res iid can be disbu you purposely orksheet you ce	rsed, federal lagive false or nertify that all	2018. aw requires confirmation in the second co	n of data fo you may be	r students selected for e fined, be sentenced to ja	il
Student Signature			Date			_