PHONE: 630-637-5600 EMAIL: FINAID@NOCTRL.EDU

2024-25 Proof of Financial Support Worksheet

You indicated on the federal financial aid application that you are providing 51% or more of the for a student. Please complete and provide documentation of support listed below. Instructions You must complete the worksheet below, providing accurate dollar amounts and supporting documentation for the student you are supporting. • Provide documentation for all amounts listed on this form. • Provide a clear statement describing your situation and the support you are providing. Provide the following information for the student being supported: Student Name:	<u></u>
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Student Name:	
Does this person live with you? Yes No If yes, how long has this person lived with you? Who pays the rent/mortgage?Amt. paid \$ Who pays the utility bills for this residence?Amt. paid monthly \$ Please provide receipts and list expenses below: Please provide monthly expenses for the person being supported - must provide documenta EXPENSESAMOUNT PAID Food Clothing Medical Transportation	
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Food Clothing Medical Transportation	 <u>tions</u> .
Clothing Medical Transportation	
Transportation	
Transportation	
Equcation expenses	
Personal	
Other	
Written Statement	
Please provide a written statement detailing the situation and include with the written statement <u>all</u> r	enuested
documentation and this completed form.	equeoteu
Signatures Required (Original signatures are required.)	
Person providing support (if not the student):Date:	
Student Signature:Date:	