In reviewing your financial aid application, the family income appears unusually low. Please supply the information below to provide a better understanding of the family’s 2015 income and expenses.

Since your income was zero, please check ONLY the source(s) of income, benefits, or support provided by others in 2015:

**Additional information will be required if source of payments are not justified.**

- [ ] Housing Assistance
- [ ] Utility Assistance
- [ ] SNAP
- [ ] Unemployment
- [ ] Social Security Benefits
- [ ] Supplemental Security Income (SSI)
- [ ] Disability
- [ ] TNAF
- [ ] Child Support
- [ ] Veterans Benefits
- [ ] Lived with Parents
- [ ] Other - List and/or explain any benefits you received not listed above. If you received none of the benefits listed above, you MUST give more information here to explain how you handled day-to-day living expenses for you and your family.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Signature and Certification Statement**

I (we) certify that all information provided is complete and correct and that no representation is made with the intent to deceive or defraud any federal, state, or institutional aid program. I understand that if I give false or misleading information on this form, that I may be fined, be sentenced to jail, or both. I understand I can’t change or resubmit this form once it is received by the STI Financial Aid Office.

___________________________________________         ___________________________
Student Signature                                              Date

RETURN COMPLETED FORM TO:  
Mail to:  
Financial Aid Office  
Southeast Technical Institute  
2320 N Career Ave  
Sioux Falls, SD  57107  

Fax To:  
605-367-5980  

Scan and email to:  
financialaid@southeasttech.edu