ALL STUDENTS MUST ANSWER THE FOLLOWING QUESTIONS.
USE THE REVERSE SIDE OR ATTACH A SEPARATE PIECE OF PAPER FOR FULL EXPLANATION.

1. What is the reason that your parents do not provide housing?

2. What is the reason that your parents refuse to help with your education?

3. What other reasons can you give to support your being independent of your parents support? Supporting documents required.

Did you live with either parent during the past calendar year? Yes ( ) No ( )
If yes, what was the last day you lived with them? ___/____/____

Do you receive now or have you received in the past year any financial support from your parents (such as money/gifts/payment of bills/etc.)? Yes ( ) No ( )
If yes, indicate the amount for 2014: $_______, the type __________________________ and when the support stopped: ___/___/___

Did you file a 2014 Federal Tax return? Yes ( ) No ( )
If no, why not? __________________________________________________________

Did your parents file a 2014 Federal Tax Return? Yes ( ) No ( )
(Please attach a copy of their return or explain the reason that you cannot attach a copy on a separate page.)

Please answer the questions below for the Summer 2015, Fall 2015, and Spring 2016 terms.

My current address is: ____________________________
I have live at this address since: ___/____/____

This property is owned by: ____________________________
Is this person your relative? Yes ( ) No ( )
What is their relationship? ____________________________

Please answer the questions below concerning your monthly cost for each.

Housing: ___________ Utilities: ___________ Food: ___________ Gas and Car Maintenance: ___________ Car Payment: ___________

Did you pay these costs yourself? Yes ( ) No ( ) From what income source are these costs paid? ____________________________

Do you have car insurance? Yes ( ) No ( ) Company Name: ____________________________
If yes, please attach a copy of the policy or the proof of insurance card in your name.

Do you have health insurance? Yes ( ) No ( ) Company Name: ____________________________
If yes, please attach a copy of the policy showing that you are on the policy.
Please answer the questions below concerning income for 2014 and 2015.

<table>
<thead>
<tr>
<th>Actual 2014</th>
<th>Estimated 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much income did you or will you earn from work?</td>
<td>$___________</td>
</tr>
<tr>
<td>How much other taxable income did or will you have?</td>
<td>$___________</td>
</tr>
<tr>
<td>How much did or will you receive in unemployment benefits?</td>
<td>$___________</td>
</tr>
<tr>
<td>How much did or will you receive in Social Security benefits?</td>
<td>$___________</td>
</tr>
<tr>
<td>How much did or will you receive in Temporary Aid to Needy Families? (TANF)</td>
<td>$___________</td>
</tr>
<tr>
<td>How much other untaxed income and benefits (child support, etc.) will you have?</td>
<td>$___________</td>
</tr>
</tbody>
</table>

Name & Address of Employer: ____________________________________________________________

CERTIFICATION: I certify that all of the information on this form is true and complete to the best of my knowledge. I understand that if all the information requested above is not supplied that no action will be taken on this request. If requested by an authorized official, I agree to give proof of the information that I have given on this form. I also understand that any suspected fraud will be reported to the appropriate authorities and the Office of the Inspector General of Investigation.

No student or prospective student will be excluded from participation in or be denied the benefits of financial aid at Hardin-Simmons University on the basis of race, color, age, national origin, or gender.

**You should have attached the following:**

1. Copy of your 2014 Tax Return & W-2s
2. Copy of your parents’ 2014 Tax Return & W-2s (if available)
3. Copy of monthly expense receipts (housing, utilities, food, car, etc.)
4. Copy of insurance policy
5. Copy of health insurance policy
6. Explanations of why you cannot submit any of these items
7. Three references of persons who can verify your situation.

**IF DOCUMENTATION IS NOT SUBMITTED, THE REQUEST WILL NOT BE CONSIDERED.**

Student’s Signature: ________________________________________ Contact Phone Number: ________________ Date: ___/___/____

Financial Aid Office Use ONLY:

Action Taken: ________________________________________________________________

Financial Aid Office Signature: ____________________________________________ Date: ___/___/____

Update Sent: _______________ Update Returned: ______________________ Letter Sent: ______________________

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