

STUDENT'S NAME \_\_\_\_\_ STUDENT ID NUMBER \_\_\_\_\_

It was reported on your 2024-2025 Free Application for Federal Student Aid (FAFSA) that Federal Benefits were received in your family any time during the 2022 or 2023 year. Please identify the member of your household, including yourself (if applicable) and check all Federal Benefits that were received any time in 2022 or 2023:

Household Member Name: \_\_\_\_\_ Relationship to you \_\_\_\_\_

Check all that apply:

\_\_\_ Supplemental Security Income (SSI)

\_\_\_ Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

\_\_\_ Medicaid

\_\_\_ Temporary Assistance for Needy Families (TANF)

\_\_\_ Free or Reduced-Price School Lunch

\_\_\_ Supplemental Nutrition Assistance Program (SNAP)

\_\_\_ Federal Housing Assistance

\_\_\_ Refundable Credit for Coverage Under a Qualified Health Plan (QHP)

\_\_\_ Earned Income Tax Credit (EITC)

\_\_\_ None of these apply

**Please provide an award letter/documentation from the agency that provides the funds to verify that the member listed received benefits at any time during the 2022 or 2023 year. By signing this form, I certify the information reported on this form is complete and correct.**

**Student signature requested below:**

\_\_\_\_\_ Date \_\_\_\_\_

**RETURN THIS FORM TO:**

**MAIL: Point Park University, Office of Financial Aid, 201 Wood Street, Pittsburgh, PA 15222 or FAX: 412-392-4795 or Email in PDF Format to: [financialaid@pointpark.edu](mailto:financialaid@pointpark.edu)**