Means of Support Form

PreK-12 Programs

Student First & Last Name:_____

Parent/Legal Guardian (1) Name: _____

Parent/Legal Guardian (2) Name (if applicable): _____

The Means of Support form is a required document for parent(s)/legal guardian(s) who did not file Federal taxes. **Please complete this form and upload it to your FACTS application by the program deadline you are applying for.** If we do not receive this form, your FACTS application will be incomplete and will not be considered.

CURRENT INCOME

***** Please report current amounts received per month *****

Financial Source	Monthly $ Received
Untaxed Wages, Salaries & Tips	
Cash Support Received (from family, friends, etc.)	
Inheritance / Gifts	
Unemployment Benefits	
Rental Income	
Veteran Benefits	
Retirement Savings (withdrawals)	
Tax Deferred Pension	
Other (specify): _____	

Explanation of Circumstances: provide any additional info about your current financial situation

I/we hereby certify that the above statements are true to the best of my/our knowledge and agree to furnish proof/other documentation as requested. I/We acknowledge that failure to disclose any requested info or providing inaccurate, false or misleading info, may result in disqualification.

_____	_____	_____
Parent/Legal Guardian #1 Signature	Date	Phone #
_____	_____	_____
Parent/Legal Guardian #2 Signature (if applicable)	Date	Phone #