



Student Last Name: _____ Student First Name: _____

Parent/Legal Guardian Name: _____

The Means of Support form is a required document for students with an annual household income of \$5,000 or less for 2020. **Please complete all sections (A-D) and submit this form no later than three business days of receipt.** If we do not receive this form by this date the student's application is considered incomplete and will not be reviewed.

SECTION A - INCOME

In 2020, how were you supported?

Please provide information on income and support received.

| Types of Income | In 2020, did you receive? <i>Check one option.</i> | | Provide the entire amount received in 2020. <i>Please provide annual totals, do not provide monthly amounts.</i> |
|---|---|----|--|
| | Yes | No | \$ |
| Alimony | Yes | No | \$ |
| Cash received from family/friends/others | Yes | No | \$ |
| Income received from work | Yes | No | \$ |
| Child Support/Alimony | Yes | No | \$ |
| Disability (Parent/Children) | Yes | No | \$ |
| Food Stamps (SNAP) | Yes | No | \$ |
| Living and Housing Allowances (from employer) (Military, COLA, clergy, etc.) | Yes | No | \$ |
| Pension/IRA/Retirement (Distributions Only) | Yes | No | \$ |
| Scholarships, Federal Grants/Loans received by parent attending college | Yes | No | \$ |
| Section 8 Housing | Yes | No | \$ |
| Social Security Benefits (Parent/children, excluding student) | Yes | No | \$ |
| Social Security Benefits (Student) | Yes | No | \$ |
| Temporary Disability Insurance (TDI) | Yes | No | \$ |
| Unemployment Benefits | Yes | No | \$ |
| Worker's Compensation | Yes | No | \$ |
| Veteran's Benefits: Educational | Yes | No | \$ |
| Veteran's Benefits: Non- Educational | Yes | No | \$ |
| Welfare (TANF) | Yes | No | \$ |
| Other Income, please specify: | Yes | No | \$ |



SECTION B – HOUSING

In 2020, did you pay rent or mortgage payments? *Check one option.*

Yes, I paid rent or mortgage payments.
Annual Amount: _____

No, I did not pay rent or mortgage payments.

SECTION C – EXPLANATION

Use this section to provide any additional information about your financial situation in 2020.

SECTION D – CERTIFICATION

Please read carefully and sign below.

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

Parent/Legal Guardian #1 Signature

Date

Phone Number

Parent/Legal Guardian #2 Signature (if applicable)

Date

Phone Number

COMPLETE AND SUBMIT THIS FORM to:

KS Oahu Resource Center
567 South King Street, Suite 102
Honolulu, HI 96813

E-mail address: ksrc@ksbe.edu
Phone: (808) 534-8080