## MOODY BIBLE INSTITUTE 2018-2019 Dependency Support Statement (Others)

Student's Name	Student's MBI I	Student's MBI ID Number				
To complete the verification of of the financial support for the Worksheet. A person other than	dependent(s) v	vho is not you	ar child or a spouse th	at you list	ed on your Verification	
• He/she lives with June 30, 2019.	you and receiv	es more than	50% of his/her suppo	ort from yo	ou between July 1, 201	18 and
Check this box and <b>comp A.</b> List below the dep from you between additional a sheet f	endent(s) who July 1, 2018 ar	live with you nd June 30, 2	and will receive mor	e than 50%		
Full Name of Dependent (First, Middle Initial, Last)	ame of Dependent DOB SSN				er of months living in your between July 1, 2018 and 0, 2019	
<b>B.</b> List below you and	l your depende	nt's monthly	incomes. List all sour	ces of inc	ome.	
Source				Student		7
Income earned from	Income earned from work			TC .	Dependent \$	
	Unemployment benefits				\$	1
TANF/Welfare/Food Stamps			\$ \$		\$	1
Child support			\$		\$	1
Social Security			\$			-
Financial Aid			\$			-
Other Income (please specify)			\$		\$	-
C. List below the morin Section A:	nthly expenses	that you pay		support yo	our dependent who is l	isted
Rent/Mortgage			\$			
Utilities (Gas/Elec	tricity/Water)		\$ \$			
Food						
Daycare			\$			
Insurance			\$			
Other (list)			\$			
Other (list)			\$			
Check this box only if you support from you between  Certification and Signat Before federal student verification. WARNING: I or both. By signing this w	ures aid can be disbu f you purposely orksheet you ce	rsed, federal lagive false or nertify that all o	2019.  www requires confirmation is leading information,	n of data for	r students selected for a fined, be sentenced to j	ail
Student Signature			Date			