

Suffolk University
Office of Financial Aid
41 Temple Street
Boston, MA 02114
617-573-8470 /617-720-3579 (fax)

2009-2010 Federal Benefit Program Worksheet

Student's name: _____ **ID #:** _____
(please print)

Due to a change in federal regulations regarding how schools are required to calculate Simplified Needs Analysis and Automatic Zero EFC, the Financial Aid Office is requesting that you complete this worksheet and return it to the aid office. If we don't hear back from you within 10 business days, we will assume no member of your household received these benefits.

During the 2007 or 2008 calendar year, did you/spouse, your parents, or anyone in your parents' household receive benefits from any of the federal benefit programs listed below? Check all that apply.

- **Supplemental Security Income (SSI)** _____
- **Free or Reduced Price Lunch**_____
- **Food Stamps**_____
- **Temporary Assistance for Needy Families (TANF)** _____
- **Special Supplemental Nutrition Program for Women, Infants and Children (WIC)**_____

If no federal benefits were received, please check here. _____

My signature below certifies that this information is true and accurate.

Student's signature: _____ **Date:** _____

Parent's signature: _____ **Date :** _____
(Parent must sign if student is dependent.)

*This is the only notice you will receive.
Please return this form within 10 business days.*