

Affidavit of Financial Independence

(To be completed by applicant)

Name _____ CWID _____

Please provide information concerning your source of funds and expenses for the 12 months prior to the semester you are requesting in-state residency status.

Sources of Funds

Your earned income* \$ _____
VA Benefits* \$ _____
Social Security Benefits* \$ _____
Scholarships \$ _____
Grants \$ _____
Loans (NOT Parent Loans) \$ _____
Other* \$ _____

Expenses

Rent/Mortgage \$ _____
Utilities \$ _____
Medical/Dental \$ _____
Tuition and Fees \$ _____
Books/Supplies \$ _____
Transportation \$ _____
Auto Insurance \$ _____
Clothing \$ _____
Food \$ _____
Miscellaneous \$ _____
Other \$ _____

*Documentation **must** be provided to verify income

I certify the information on this form is, to the best of my knowledge, correct and complete. I understand that additional documentation may be requested to confirm my financial independence at any time during the application process

Signature of Applicant _____

Date _____