Hostos Community College

OFFICE OF FINANCIAL AID
120 EAST 149TH STREET
Savoy Building Rm.B-115
Bronx, New York 10451

CUNY The City University of New York

2009-2010 AFFIDAVIT OF SUPPORT

Instructions: The person providing support must complete Sections A, B, and C. **THIS AFFIDAVIT OF SUPPORT MUST BE NOTARIZED.** Return this form to the Office of Financial Aid, Room B112-115, Lower Level of the Savoy Manor Building.

Note: If all information is not completed in full, the processing of your financial aid may be delayed. Do not use correction fluid.

_____ **SSN:** _____ - _____ - _____
STUDENT'S NAME

SECTION A: LIVING STATUS (PLEASE CHOOSE EITHER ITEM 1 OR 2)

1. This is to certify that the above named student **RESIDES WITH / IS SUPPORTED** by me, and that such support will continue during the period:

   July 1, 2009 to June 30, 2010

   [ ] Cash support [ ] Room and Board only [ ] Both

2. This is to certify that the above named student **RESIDED WITH / WAS SUPPORTED** by me, and that such support continued during the period:

   From_____ **to** _____

   [ ] Cash support [ ] Room and Board only [ ] Both

SECTION B: CASH SUPPORT OR ANY MONEY PAID ON THE STUDENT'S BEHALF

2008 $ _____ **2009 $** _____

SECTION C: PERSON PROVIDING SUPPORT

Name _____ Relationship _____
PRINT

Address _____

Signature _____
(Sign only in the presence of a Notary Public)

NOTARY USE ONLY

Subscribed and Sworn before me this _____ *Day of* _____ *of* _____

Signature _____ *Address* _____