**Supplemental Form**
For Undergraduate Married Students or Students with Dependents
2016-2017

Submit this form **one of 3 ways**: 1) Submit online: https://www.sfs.upenn.edu/forms/OnlineDocSubmitForm.php 2) **FAX**: 215-573-5428 3) **Mail**: Address on top of the page

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**This form is required for all married students and single students with dependents**

<table>
<thead>
<tr>
<th>APPLICANT’S LAST NAME</th>
<th>FIRST NAME</th>
<th>DATE OF BIRTH (MMDDYY)</th>
<th>PENN ID NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>HOME ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
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<td></td>
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<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>GRADUATION DATE (MMDDYY)</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>HOME TELEPHONE NUMBER (U.S. Area Code + Home Telephone Number)</th>
<th>EMAIL ADDRESS</th>
</tr>
</thead>
<tbody>
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</table>

**HOUSEHOLD INFORMATION:**

*To be completed by student.*

1. Marital Status:  
   - Single  
   - Married  
   - Divorced  
   - Widowed  
   Age of Spouse:

2. If married, indicate date of marriage:  
   Age of Spouse:

3. Number of dependent children in household  
   Age of Children:

4. Do you have expenses in the following areas:

   - Child care  
     Yes  
     No  
     $  
     $  

   - Medical insurance  
     Yes  
     No  
     $  
     $  

   - Medical costs, not covered by insurance  
     Yes  
     No  
     $  
     $  

   - Debt:  
     Spouse’s student loans  
     Yes  
     No  
     $  
     $  

   - Other: please explain  
     Yes  
     No  
     $  
     $  

   - Total Expenses:  
     $  
     $  

5. If you own a home, the year you purchased it  
   Purchase price  
   Mortgage balance  

6. If you are renting, the amount of your monthly rent  

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STUDENT’S EMPLOYMENT INFORMATION:
To be completed by students. Do not include any income earned through Work Study.

<table>
<thead>
<tr>
<th>CALENDAR YEAR</th>
<th>EMPLOYER</th>
<th>START/END DATE</th>
<th>HOURS PER WEEK</th>
<th>GROSS ANNUAL INCOME</th>
<th>WHO CLAIMS YOU AS A TAX EXEMPTION?</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td></td>
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<tr>
<td>2014</td>
<td></td>
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</tbody>
</table>

Your approximate gross income from June 1, 2016 - August 31, 2016 $ __________________________
Your approximate gross income from September 1, 2016- May 31, 2017 $ __________________________
Total $ __________________________

SPouse’S INFORMATION
To be completed by Spouse.

Name __________________________

Marital Status: ☐ Part-Time student ☐ Full-time student ☐ Employed part-time* ☐ Employed full-time*

* Do not include work-study job

Complete this section if you are a student: Do not include any income earned through Federal Work-Study.

1. Will you be a student during the entire 2016-2017 academic year? ☐ Yes ☐ No
2. Expected date of graduation __________________________ Grade level 2016-2017 __________________________
3. Education institution to be attended __________________________
4. Tuition and fees for 2016-2017 academic year $ __________________________
5. Have you applied for financial aid? ☐ Yes ☐ No
6. Total estimated amount of financial aid to be received: $
   Grant: $ __________________________ Loan: $ __________________________ Other (please specify) __________________________ $ __________________________

Complete this section if you are employed. Do not include income earned through Work-Study.

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Your approximate gross income from September 1, 2016 - May 31, 2017 $ __________________________
Total $ __________________________

STUDENT’S SIGNATURE __________________________ DATE __________________________