



## STUDENT STATEMENT

Student's Name: \_\_\_\_\_

Broome ID: B \_\_\_\_\_

Understanding that this statement is for the sole use of the Broome Community College's Financial Aid Office, I hereby certify that:

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Signature of Person Making Statement: \_\_\_\_\_ Date: \_\_\_\_\_  
(if other than student)

Relationship to Student: \_\_\_\_\_  
(i.e. landlord, spouse, etc)

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail or both.