SUPPT



SUPPORT WORKSHEET 2016-2017

Student First Name:	Student Last Na	me:	ID:
DOB:// Primary Phone #: (_)	Secondary Phone #: (_	
 You included an individual on your financial aid applias part of the household for financial aid purposes (Y They must currently be living with you. You and/or your parents must provide n support from July 1, 2016 to June 30, 2017. If the person you listed is a minor, proof from school showing that you are the legal state or district court judge must have appo If this person is disabled, provide medical 	ou will need to cornore than half of the cornor of the cor	neir support and continue to provide ip is required. If the child is in school letters are not considered proof all guardian for this person. this disability.	g questioned): e more than half of their pol, please provide form of legal guardianship. A
Print the name and social Name:		er of the person providing s SN:	
Information	on of person b	eing supported	
Name:		SSN:	
AGE: RELATIONS	HIP (to provider): _		
Address where this person resides:			
Since when?	Is the resid	dence owned $\ \square$ or rented	
/ho owns the home or pays the rent? Amount paid monthly\$			
Who pays the utility bills for this residence?			
From what sources is this support being paid?			
When did support begin?	When w	rill support end?	D/YYYY
Estimated Monthly Expenses SUPPO	ORTER pays fo	or the <u>PERSON BEING S</u>	JPPORTED ONLY
EXPENSE		AMOUNT PAID	
1. Food		\$	
2. Clothing		\$	
3. Medical/dental		\$	
4. Personal care		\$	
5. Other:		\$	
		*	

[Continue completing form on the reverse side]

Information on person be	IAME ID#
-	ing supported (continued)
oes the person work? ☐ Yes ☐ No If yes , amount per mont	th:
olid the person pay for any of their own expenses? ☐ Yes ☐ No	If yes (Evoluin)?
ind the person pay for any or their own expenses: 1 Tes 1 No	ii yes, (Explain):
Ooes the person receive any other income in their name or on their bensions, VA benefits, Alimony, Child Support, Workers Comp, TANI	pehalf <u>per month</u> (Social Security, Supplemental benefits, Retireme
ensions, vA benefits, Alimony, Child Support, Workers Comp, TANI Yes □ No If yes, please list:	F, Food Stamps, Savings, Certificate of Deposit, Other)?
Type of Income Amoun	<u>nt</u>
1 \$\$ 2 \$\$ 3 \$	
3	
Please provide a detailed statement describing the reason this per	
Please Print Yo	our Statement
By signing this form, you agree that it is complete, true, and to provide inform ourposely give false or misleading information in order to qualify for Title IV fu	
10,000, sent to prison or both.	unds, you will be referred to the inspector General and you may be lined
	Date:
•	
Signature:	
s per HB 1922 (Subtitle A, Title 5, Government Code, Chapter 559), it is the policy of the state that an	n individual is entitled, on request, to receive, review and/or correct any information about the individ
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