

## SUPPORT WORKSHEET 2016-2017

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_ ID: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Primary Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Secondary Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

You included an individual on your financial aid application, which needs to meet the following requirements in order to be included as part of the household for financial aid purposes **(You will need to complete one form per person being questioned)**:

- **They must currently be living with you.**
- **You and/or your parents must provide more than half of their support** and continue to provide more than half of their support from July 1, 2016 to June 30, 2017.
- **If the person you listed is a minor**, proof of legal guardianship is required. If the child is in school, please provide form from school showing that you are the legal guardian. Notarized letters are not considered proof of legal guardianship. A state or district court judge must have appointed you as the legal guardian for this person.
- **If this person is disabled**, provide medical records as proof of this disability.

### Print the name and social security number of the person providing support

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

### Information of person being supported

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

AGE: \_\_\_\_\_ RELATIONSHIP (to provider): \_\_\_\_\_

Address where this person resides: \_\_\_\_\_

Since when? \_\_\_\_\_ Is the residence owned  or rented

Who owns the home or pays the rent? \_\_\_\_\_ Amount paid monthly\$ \_\_\_\_\_

Who pays the utility bills for this residence? \_\_\_\_\_ Amount paid monthly\$ \_\_\_\_\_

From what sources is this support being paid? \_\_\_\_\_

When did support begin? \_\_\_\_\_ When will support end? \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

### Estimated Monthly Expenses SUPPORTER pays for the PERSON BEING SUPPORTED ONLY

<u>EXPENSE</u>	<u>AMOUNT PAID</u>
1. Food	\$ _____
2. Clothing	\$ _____
3. Medical/dental	\$ _____
4. Personal care	\$ _____
5. Other: _____	\$ _____

[Continue completing form on the reverse side]

