

SUPPORT WORKSHEET 2017-2018

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, 2017 to June 30, 2018.**

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): _____

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? _____ Will support be provided through June 30, 2018? ☐ Yes ☐ No
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]

SUPPT

STUDENT: _____
LAST NAME FIRST NAME MIDDLE NAME ID #

Information on person being supported (continued)

Does the person work? ☐ Yes ☐ No **If yes**, amount per month: _____

Did the person pay for any of their own expenses? ☐ Yes ☐ No **If yes**, (Explain)? _____

Does the person receive any other income in their name or on their behalf **per month** (Social Security, Supplemental benefits, Retirement pensions, VA benefits, Alimony, Child Support, Workers Comp, TANF, Food Stamps, Savings, Certificate of Deposit, Other)?

☐ Yes ☐ No **If yes**, please list:

	<u>Type of Income</u>	<u>Amount</u>
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____

Please provide a detailed statement describing the reason this person resides within the household for financial aid purposes. If the person is a minor please include in your statement the whereabouts of the child's parents and why the child is living with your family. (If additional space is needed, please attach statements. **Attach appropriate proof to your statement**)

Please Print Your Statement

By signing this form, you agree that it is complete, true, and to provide information that will verify the accuracy of your information, if requested. If you purposely give false or misleading information in order to qualify for Title IV funds, you will be referred to the Inspector General and you may be fined \$10,000, sent to prison or both.

NOTE: Typed signatures are not considered valid.

Student Signature: _____ Date: _____

Signature of person providing support: _____ Date: _____

As per HB 1922 (Subtitle A, Title 5, Government Code, Chapter 559), it is the policy of the state that an individual is entitled, on request, to receive, review and/or correct any information about the individual, which has been submitted to UTRGV, with few exceptions. The information that UTRGV collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules.

Please submit to either of the following UTRGV locations:

The Tower, Main 1.100 One West University Blvd. Brownsville, Texas 78520 Ph: (888) 882-4026 Fax: (956) 882-8229	Visitors Center 1.113 1201 West University Drive Edinburg, Texas 78539 Ph: (888) 882-4026 Fax: (956) 665-2392
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