SUPPT



SUPPORT WORKSHEET 2018-2019

Student First Name:	Student Last Name:			ID:		
OOB://	Primary Phone #: ()		Secondary Phone #: ()	
 support from July 1, 20 If the person you liste from school showing th state or district court jud 	ncial aid purposes (You we living with you. nts must provide more 18 to June 30, 2019. ed is a minor, proof of le	than half cardian. Nota you as the	of their supports of their sup	rt and continue to provide red. If the child is in school are not considered proof of a for this person.	questioned): more than half of the	eir rm
Print the n Name:		urity nun		person providing su		
	Information of	of persoi	n being sı	ıpported		
Name:	SSN:					
<u>AGE</u> :	RELATIONSHIP ((to provide	r):			
Address where this per	son resides:					
Since when?		Is the r	esidence ow	ned □ or rented		
Who owns the home or pays	Since when? Is the residence owned \square or rented \square owns the home or pays the rent? Amount paid monthly\$					
Who pays the utility bills for the						
From what sources is this sup	pport being paid?					
When did support begin?	n did support begin? When will support end?					
Estimated Monthly Ex EXPENSE 1. Food 2. Clothing 3. Medical/dental 4. Personal care	penses <u>SUPPOR</u> 1	TER pays		MOUNT PAID	PPORTED ONI	LY
5. Other:			\$			

[Continue completing form on the reverse side]

LAST NAME FIRST NAME MIDDLE NAME	ID#
Information on person being	g supported (continued)
oes the person work?	
id the person pay for any of their own expenses? ☐ Yes ☐ No If	yes, (Explain)?
	·
oes the person receive any other income in their name or on their beha ensions, VA benefits, Alimony, Child Support, Workers Comp, TANF, F	alf <u>per month</u> (Social Security, Supplemental benefits, Retirement ood Stamps, Savings, Certificate of Deposit, Other)?
Yes No If yes , please list:	
Type of Income Amount	
1 \$ \$ \$	
3 \$	
lease provide a detailed statement describing the reason this person erson is a minor please include in your statement the whereabouts of the dditional space is needed, please attach statements. Attach appropriate proof Please Print Your	ne child's parents and why the child is living with your family. (If to your statement)
y signing this form, you agree that it is complete, true, and to provide information	n that will verify the accuracy of your information, if requested. If you
urposely give false or misleading information in order to qualify for Title IV funds	
10,000, sent to prison or both.	
·	ite:
s per HB 1922 (Subtitle A, Title 5, Government Code, Chapter 559), it is the policy of the state that an indivi nich has been submitted to UTRGV, with few exceptions. The information that UTRGV collects will be reta	
exas Government Code) and rules.	, , , , , , , , , , , , , , , , , , , ,
Please submit to either of the following UTRGV location	ns:
The Tower, Main 1.100	Visitors Center 1.113
One West University Blvd. Brownsville, Texas 78520	1201 West University Drive Edinburg, Texas 78539
Ph: (888) 882-4026	Ph: (888) 882-4026
Fax: (956) 882-8229	Fax: (956) 665-2392
For office use only:	
Approved: Disapproved: Additional information requ	uested:
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX