



2016-2017 Support Test Form-Parent

Office of Financial Aid and Scholarships

P.O. Box 3011 Commerce, Texas Phone: 903.886.5096 Fax: 903.886.5098

FAO.Verification@tamuc.edu

Office Use Only
SUPTSP

STUDENT'S NAME: _____ CWID: _____

Instructions: The following form may be used to determine whether a person provides more than half of the support for another person. It is based on the Worksheet for Determining Support that appears in Table 5 on page 12 of IRS Publication 501.

Exemptions, Standard Deduction, and Filing Information.

Provide the following information to calculate the support for the person(s) that you support in your household. This is required to show sufficient support for the Special Circumstance.

PARENT NAME SUPPORTING STUDENT: _____

Section I. Monthly Expenses for Entire Household

- 1. Total number of people living in your household: _____ (even those not reported on your FAFSA or Verification worksheet).
2. Do you live in a home/apartment that you own or rent? [] Yes [] No
If No, list name of person you live with _____ Relationship _____
3. What is the monthly rent or mortgage payment (whether you pay rent or not)? _____
4. Do you receive SNAP Benefits (food stamps)? [] Yes [] No
If Yes, how much does the entire household spend in food after food stamps? _____
If No, how much money does the entire household spend in food per month? _____
5. What is the TOTAL monthly utilities such as electricity, water, gas, trash, phone, etc.? _____
(If included in rent, include the amount landlord pays)

Section II. Resources for Monthly Expenses

- 1. Are you currently employed? [] Yes [] No If Yes, include a current pay stub.
2. Do you receive SSA? [] Yes [] No If Yes, include a current SSA statement.
3. Do you receive child support? [] Yes [] No If Yes, provide statement from Attorney General.

Section III. Monthly Expenses that You Pay

Instructions: List the monthly expenses for each person you support. DO NOT include yourself.

Table with 4 columns: EXPENSES, Person You Support Name, Person You Support Name, Person You Support Name. Rows include Clothing, diapers, etc.; Car/Transportation; Gasoline; Cell Phone; Medical/Dental; Daycare; Beauty/Hygiene; and TOTAL \$.

Certification and Signature

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

After completing please print, sign and you can fax it to our office at (903)886-5098 or you can send as an attachment to FAO.Verification@tamuc.edu. When received and your record is updated you can track it through your myLEO. Note: We may require additional documentation if needed.

Parent's Signature

Date