



# 2016-2017 Support Test Form-Student

Office of Financial Aid and Scholarships

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

[FAO.Verification@tamuc.edu](mailto:FAO.Verification@tamuc.edu)

Office Use Only  
SUPTST

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 claim in your household. If unable to demonstrate support, you will be required to submit parent income information on your FAFSA.

### Section I. Monthly Expenses for Entire Household

- Total number of people living in your household: \_\_\_\_\_ (even those not reported on your FAFSA or Verification worksheet).
- Do you live in a home/apartment that you own or rent?  Yes  No  
If No, list name of person you live with \_\_\_\_\_ Relationship \_\_\_\_\_
- What is the **monthly** rent or mortgage payment (whether you pay rent or not)? \_\_\_\_\_
- 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? \_\_\_\_\_
- 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

- Are you currently employed?  Yes  No **If Yes, include a current pay stub.**
- Do you receive SSA?  Yes  No **If Yes, include a current SSA statement.**
- 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.

EXPENSES	Person You Support	Person You Support	Person You Support
	Name: _____	Name: _____	Name: _____
Clothing, diapers, etc.			
Car/Transportation			
Gasoline			
Cell Phone			
Medical/Dental			
Daycare			
Beauty/Hygiene			
<b>TOTAL</b>	<b>\$</b> _____	<b>\$</b> _____	<b>\$</b> _____

### 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](mailto: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.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date