



2018-2019 Support Test Form-Student

Office of Financial Aid and Scholarships

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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

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.

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

Certification and Signature: You, the student, and/or the parent(s) of, and/or the student's spouse, if applicable, by signing this form certify:

1. All of the information provided is true and complete to the best of your knowledge
2. All federal and/or state financial aid received as a result of the information on this form will be used solely for purposes to pay the cost of attending A&M-Commerce
3. Will notify the Office of Financial Aid & Scholarships if changes occur to the information provided
4. Agree to provide information requested by the Office of Financial Aid & Scholarships to verify the accuracy of this completed form and/or clear conflicting information on file.
5. Acknowledge that the Office of Financial Aid & Scholarships has the authority to verify information requested and such information may include IRS Tax Return Transcript(s) and/or any other documents from other entities/agencies that can collaborate on the accuracy of the information provided
6. All parties who sign this form certify you are aware that purposely giving false or misleading information can result in a fine of up to \$20,000, sent to prison, or both.

Student's Signature

Date