



Office of Financial Aid – K 1.700
 3201 W. Pecan Blvd., McAllen TX 78502
 Phone: (956) 872-8375*Fax: (956) 872-6461

0809

SUPPORT WORKSHEET

Student Name: _____ SSN: _____ - _____ - _____

You included individuals on your financial aid application who **must** meet the following requirements to be included as members of your and/or your parents household. They must currently be living with you, and you or your parents must provide more than half of their support and will continue to do so through June 30, 2009.

INSTRUCTIONS

- ◆ You must complete the worksheet below, providing accurate dollar amounts and supporting documentation for the person you are supporting; otherwise this worksheet will be **DISAPPROVED**.
- ◆ **Provide documentation for ALL amounts listed on this form**
- ◆ You must provide a **clear statement describing your situation**. Are there specific circumstances why this person can not support himself/herself?
- ◆ If the person you listed is a minor you must provide proof of legal guardianship. If the child is in school, please provide documentation from school stating you have legal guardianship. A state or district court judge must have appointed you as a legal guardian for this person. Notarized letters are not considered legal documents.
- ◆ If this person is disabled, please provide medical records as proof of his/her disability.
- ◆ The pending status of this worksheet will keep your Financial Aid File as Incomplete.
- ◆ It is your responsibility to check on the final outcome of this worksheet.

Print the name and social security number of the person providing the support:

Name: _____ SSN: _____

Provide the following information for the person being supported:

Name: _____ SSN: _____

Age: _____ Relationship to student/parent: _____

Does this person live with you? Yes _____ No _____

How long has this person lived with you? _____

Who owns the home? _____ Who pays the rent? _____ Amount paid monthly \$ _____

Who pays the utility bills for this residence? _____ Amount paid monthly \$ _____

Does this person work? Yes _____ No _____ If yes, provide supporting documentation.

Does this person pay any of his/her own expenses? Yes _____ No _____ If yes, please provide receipts and list expenses below:

Does this person receive any other income in their name or on their behalf per month (Cash, Social Security, Supplemental Income, Retirement Pensions, VA Benefits, Alimony, Child Support, Workers Compensation, AFDC/WIC/TANF, Food Stamps, Savings, or Other)? Yes _____ No _____ If yes, please list them below:

<u>Type of Income</u>	<u>Amount per Month</u>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

MONTHLY EXPENSES FOR THE PERSON BEING SUPPORTED (Provide supporting documentation):

EXPENSES

AMOUNT PAID

1. Food: \$ _____
- Clothing: \$ _____
- Medical (doctor, eye glasses, medication) \$ _____
- Transportation (gas, tires, repairs, etc.) \$ _____
2. Educational Expenses
- Tuition/Fees: \$ _____
- Books/Supplies: \$ _____
- Lunches: \$ _____
3. Personal: \$ _____
4. Other: \$ _____

Signatures:

Person being supported

Date

Person providing support

Date

Student

Date

FINANCIAL AID USE ONLY: A D P INITIALS: _____ Date: _____

Comments: _____
