



Student Financial Services K 1.700
 3201 W. Pecan Blvd. McAllen, Texas 78501
 PH 956.872.8375 FAX 956.872.6461

Support Worksheet 2023-2024

STC ID:	NAME:
SSN: XXX-XX-	PHONE NUMBER:

You included an individual on your financial aid application who needs to meet the following requirements to be included as part of your household for financial aid purposes. You must complete one form per person being supported and provide supporting documentation showing how you and/or your Parents support them.

- They must currently be living with you
- You and/or your Parents must provide more than half of their support and will continue to provide more than half of their support from July 1, 2023 to June 30, 2024.
- If the person is a minor please provide court documentation signed by a state or district judge showing you were appointed their legal guardian. Notarized letters are not considered legal documentation
- If the person has a disability, please provide supporting documentation.

Print the name of the person providing the support.

Name:

Print the name, age, and relationship of the person being supported.

Name:	
Age:	Relationship to Provider:

Does this person live with you? YES NO

How long has this person lived with you? _____

Who owns the home or pays the rent? _____

Who pays the utilities for this residence? _____

Estimated Monthly Expenses SUPPORTER Pays for PERSON BEING SUPPORTED	
Expense	Amount Paid
Food	\$
Clothing	\$
Medical/Dental (Doctor, Medication, Eye Glasses)	\$
Personal Care	\$
Education Expenses (Tuition, Books, Supplies)	\$
Other (Specify)	\$

Provide the following information for the person being supported (continued)

Does this person work? YES NO

If yes, how much do they earn per month? _____

Does this person pay any of his/her expenses? YES NO

If yes, please provide receipts and list expenses. _____

Does this person receive any other income in their name or on their behalf per month (cash, social security, supplemental income, retirement pension, VA Benefits, alimony, child support, workers compensation, TANF, WIC, SNAP, savings or other)?

Type of Income	Amount of Income
	\$
	\$
	\$

Please provide a detailed statement explaining why this person lives with you. If the person is a minor please explain where his/her parents live and why the child lives with you. If additional space is needed please attach statements.

Processing your Support Worksheet may take up to 2 weeks from the time it is submitted or longer during peak registration times. Incomplete documentation will delay the review process. Any tuition and fees you owe the college are due on the date specified regardless of the status of your Support Worksheet request. Payment arrangements should be made while your request is being reviewed. **Please note that Support Worksheets submitted without supporting documentation will not be approved.**

By signing below you acknowledge that it is your responsibility to check on the status of this Support Worksheet on your **Jagnet account**. To view your active messages click on the **Financial Aid Icon**, then the **Financial Aid App**, then select the **Award Year and Notifications**.

Student Signature:		Date:	
Parent Signature:		Date:	

STUDENT FINANCIAL SERVICES DEPARTMENT USE ONLY				
Approved:	Disapproved:	Pending:	SFSS Initials:	Date:
Additional Information Requested/Comments:				