

## Proof of Support of Dependents for Independent Status Verification Worksheet 2023-2024 Federal Student Aid Programs

In order to verify your status as an independent student for financial aid purposes, we must collect this information from unmarried students who are under 24 years old and have answered "YES" to one or both of the FAFSA questions reporting that you provide more than half the financial support of children or other legal dependents. This worksheet is based on the *Worksheet for Determining Support* that appears in the IRS Publication 501 *Exemptions, Standard Deduction, and Filing Information*.

### A. STUDENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ RAM ID \_\_\_\_\_

### B. Identify your dependent

A dependent is any person for whom you will provide financial support between July 1<sup>st</sup> and June 30<sup>th</sup> of the academic year. Please list one person for whom you will provide more than 50% of the financial support below.

*If the person you support is not your child, then they must meet all of the following criteria:*

- (a) they now live with you
- (b) they now receive more than half their financial support from you
- (c) they will continue to receive this support from you for the coming academic year

Dependent Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to You \_\_\_\_\_

### C. Dependent financial information

#### Funds Belonging to the Person You Support:

[1] Does the person you support have income of their own?

\_\_\_\_ Yes (Please indicate Source): \_\_\_\_\_ No

[2] Enter the monthly amount of this income that was used for their own support \$ \_\_\_\_\_

[3] Enter the monthly amount of this income that was used for other purposes \$ \_\_\_\_\_

[4] Does the person you support have any checking/savings accounts or other financial resources?

\_\_\_\_ Yes (Please indicate Source): \_\_\_\_\_

\_\_\_\_ No

[5] Enter the monthly amount of their resources reported on line 4 used for their own support \$ \_\_\_\_\_

[6] Enter the monthly amount of their resources used for other purposes \$ \_\_\_\_\_

### D. Monthly Expenses

#### Monthly Expenses for the Entire Household (where the person you supported lived)

[7] Lodging - complete item (a) or (b)

(a) Mortgage or Rent payments (a) \$ \_\_\_\_\_

(b) If the person you support owns the home, what is the fair rental value of home (what the owner could charge monthly)? (b) \$ \_\_\_\_\_

[8] Food \$ \_\_\_\_\_

[9] Utilities (i.e. heat, light, water not included in line 7(a) or 7(b) above) \$ \_\_\_\_\_

[10] Repairs (not included in line 7(a) or 7(b) above) \$ \_\_\_\_\_

[11] Other. Do not include expenses of maintaining home, such as mortgage interest, real estate, taxes, and insurance. \$ \_\_\_\_\_

[12] Total monthly household expenses (Add lines 7 through 11) \$ \_\_\_\_\_

[13] List the amount calculated in line 12 on previous page:	
[14] Total number of persons who lived in household	\$ _____
[15] Each person's part of household expenses (line 13 divided by line 14)	\$ _____

**Total Expenses for the Person You Supported**

[16] Each person's part of household expenses (total from line 15)	\$ _____
[17] Average Monthly Expenses for Clothing	\$ _____
[18] Average Monthly Expenses for Education	\$ _____
[19] Average Monthly Expenses for Medical, Dental	\$ _____
[20] Average Monthly Expenses for Travel, Recreation	\$ _____
[21] Other (Please specify) _____	\$ _____
[22] Total cost of support for the month (Add lines 16 through 21).	\$ _____

**E. Support Evaluation**

[23] 50% of line 22 (line 22 divided by 2) =	\$ _____
[24] Add line 2 + line 5 + line 7b if the person you supported owned the home	\$ _____

**If line 24 is greater than line 23 STOP. You are not providing more than 50% of the person's support. Please correct your FAFSA and provide parental information.**

**If line 23 is greater than line 24 continue.**

[25] Amount others provided monthly for the person you support. This includes amounts provided by state/local welfare agencies or amounts provided by other family members to pay the person's expenses (exclude child support).	\$ _____
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[26] Amount you provide monthly for support:

Income from Work	_____
Benefits (i.e. TANF/Social Security/unemployment)	_____
Child support/alimony received	_____
Savings/investments/retirement	_____
Other (please specify) _____	_____

Total: \$ \_\_\_\_\_

**If line 26 is greater than line 23 then you meet the support test for the person(s) and qualify as independent for financial aid purposes.**

**If line 26 is less than line 23 then you do not meet the support test for the person(s) and must correct your FAFSA responses and provide parental information.**

Please contact the Financial Aid Office at (934) 420-2578 or stop by the office in Laffin Hall, Room 324, if you have questions or need assistance in completing this form.

**F. Certification**

By signing this worksheet I certify that the above information is true and a complete representation of my financial status. I agree to provide supporting documentation, if requested, to verify such.

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_