



2017 – 2018 OTHER DEPENDENT DOCUMENT OF SUPPORT

We've reviewed your 2017-2018 Free Application for Federal Student Aid (FAFSA) or verification worksheet and you indicated that you or your parent(s), if dependent, will be providing more than half of the support for a person other than a child or spouse during the 2017-18 award year (July 1, 2017 – June 30, 2018). To qualify as a dependent for Financial Aid purposes, he/she must not only receive more than 50% of his/her financial support from you or your parent(s), but **MUST** also live in the household. To demonstrate how you or your parent(s) are financially supporting the person(s) more than half, this worksheet must be completed using the income and expenses anticipated during the 2017-18 award year. This worksheet is based on the *Worksheet for Determining Support* in the IRS Publication 501.

A. Student Information

Check One: New/Returning New Student Continuing Student

Last Name First Name M.I. Social Security Number HU SID#

B. Identify Your Other Dependent (Other than a child or spouse)

- I **DO NOT** have any dependents and made a mistake when filling out the 2017/18 FAFSA. **Skip to Section G.**
- I **DO NOT** have a dependent other than a child or spouse who lives with me and receives more than half of his/her financial support through June 30, 2018. **Skip to Section G.**
- I **DO** have a dependent other than a child or spouse who lives with me and receives more than half of his/her financial support through June 30, 2018. **Complete this form to determine your support.**
- 1) Dependent Name: _____ Relationship: _____
 - 2) Did you claim this dependent on your 2015 federal income tax return? YES NO
 - 3) Please explain the circumstances as to why, when, and how you came to be the primary provider for this person.

C. MONTHLY Income Belonging to the Person Support

1) Does the person you support have taxable income of their own? <input type="checkbox"/> NO <input type="checkbox"/> YES – a. Enter source of taxable income: _____ b. Enter the monthly gross income belonging to the person you support..... 1b)	_____
2) Does the person you support have untaxed income of their own? This includes amounts provided by state/local welfare agencies or amounts provided by other family members to pay for the person's expenses (exclude child support) <input type="checkbox"/> NO <input type="checkbox"/> YES – a. Enter source of untaxed income: _____ b. Enter the monthly amount..... 2b)	_____
3) Does the person you support have any checking/saving accounts or other financial resources? <input type="checkbox"/> NO <input type="checkbox"/> YES – a. Enter source: _____ b. Enter the total/monthly amount..... 3b)	_____
4) Enter total. This is the person's total monthly income..... 4)	<div style="border: 2px solid black; width: 100px; height: 20px;"></div>

Continue on back...

D. MONTHLY Expenses for the Entire Household (where the person you support lives)

5)	Rent for the entire household..... If not paying rent, enter the fair rental value if rent was paid. If the person owns the home, what is the fair rental value of the home (what the owner could charge monthly)?	5)	_____
6)	Food expenses.....	6)	_____
7)	Utilities (heat, light, water, etc.).....	7)	_____
8)	Other household expenses (e.g. hygiene, cleaning supplies, paper goods). Do not include expenses of maintaining the home, such as mortgage interest, real estate taxes, and insurance.....	8)	_____
9)	Enter the total of lines 5 – 8. These are the total household expenses.....	9)	_____
10)	Enter the total number of people included in the household.....	10)	_____
11)	Each person’s part of household expenses (line 9 divided by line 10).....	11)	_____

E. MONTHLY Expenses for the Person You Support

12)	Person’s part of household expenses (total from line 11).....	12)	_____
13)	Person’s average clothing expenses.....	13)	_____
14)	Person’s average education expenses.....	14)	_____
15)	Person’s average medical and dental expenses not paid for or reimbursed by insurance.....	15)	_____
16)	Person’s average travel expenses..... Person’s average other expenses.....	16)	_____
17)	List other expenses: _____	17)	_____
18)	Add lines 12 through 17. This is the person’s monthly total cost of support.....	18)	_____

F. Support Evaluation

19) 50% of line 18..... 19) _____

20) Enter the person’s own income (line 4)..... 20) _____

If line 20 is greater than line 19 STOP. You do not meet the support test for the person and does not qualify as a dependent in your household size for federal student aid purposes. Skip to Section G.

If line 20 is less than line 19 continue to line 21.

21) Enter the amount you provide monthly for the person’s support:

Income from work	\$ _____
Benefits (i.e. TANF/Social Security/Unemployment)	\$ _____
Child support/alimony received	\$ _____
Savings/investments/retirement	\$ _____
Other (please specify) _____	\$ _____



Total amounts..... 21) _____

If line 21 is greater than 20 then you meet the support test for the person and qualify as a dependent in your household size for federal student aid purposes.

If line 21 is less than 20 then you do not meet the support test for the person and does not qualify as a dependent in your household size for federal student aid purposes.

G. Certification and Signatures

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

 Student Signature	_____ Date
 Parent Signature	_____ Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sent to prison, or both.