



## 2017 – 2018 DEPENDENT SUPPORT TEST DETERMINATION

We've reviewed your 2017–2018 Free Application for Federal Student Aid (FAFSA) and in order to verify your status as an independent student for financial aid purposes, we must collect this information from 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 dependents (other than a child or a spouse) with unusually low income. To demonstrate your financial support, you must complete this worksheet using the income and expenses anticipated during the 2017-18 award year (July 1<sup>st</sup> – June 30<sup>th</sup>). 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.     
  XXX - XX -  Social Security Number     
  Student ID#

### B. Identify Your Child(ren) or Other Dependent(s)

Check all that applies:

- I **DO NOT** have child(ren) who receives more than half of their financial support from me through June 30, 2018.  
*Skip to Section E.*
- I **DO NOT** have other dependent(s) who receives more than half of their financial support from me through June 30, 2018.  
*Skip to Section E.*
- I **DO** have child(ren) who receives more than half their financial support from me through June 30, 2018. **List each child you support below and complete the rest of this form to determine your support.**

No	Full Name	Age	Relationship
01			
02			

1) Receipt of federal or state assistance through June 30, 2018. (check all that applies)

- Supplemental Security Income (SSI)
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

2) Did you claim your child(ren) 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 your children.

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I **DO** have other dependent(s) who receives more than half their financial support from me through June 30, 2018. **List each dependent you support below and complete the rest of this form to determine your support.**

No	Full Name	Age	Relationship
01			
02			

1) Receipt of federal or state assistance through June 30, 2018. (check all that applies)

- Supplemental Security Income (SSI)
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

2) Did you claim the dependent(s) 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 your dependents.

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## C. Support Test Worksheet

Name of Person #1: \_\_\_\_\_

### C. MONTHLY Income Belonging to the Person Support

1)	Does the person you support have <b>taxable</b> 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 <b>untaxed</b> 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).....	2)	_____
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 monthly amount.....	3b)	_____
4)	Enter total. This is the person's total monthly income.....	4)	_____

### 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.)..... Other household expenses (e.g. hygiene, cleaning supplies, paper goods). Do not include expenses	7)	_____
8)	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 8 divided by line 9).....	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)	_____
<input type="checkbox"/> <b>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 F.</b>			
<input type="checkbox"/> <b>If line 20 is less than line 19 continue to line 21.</b>			
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	\$	_____





## 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 F.

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.

## E. Certification and Signature

By signing below, I certify that all of the information reported is complete and correct.

  
\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

