

# Dependent 2017-2018 Worksheet for Determining Support

Office of Financial Aid

Last Name: \_\_\_\_\_

First Name \_\_\_\_\_

EMPL ID \_\_\_\_\_

**Instructions:** Use this worksheet to help determine whether a person included in an applicant's household in section B of the Verification Worksheet meets the "more than 50%" support criteria. If multiple persons are in question then complete a worksheet for each person.

Name of Person \_\_\_\_\_, Age \_\_\_\_\_ Relationship to Student \_\_\_\_\_

<b>Income</b>	
1) Did the person your parent(s) supported receive any income, such as wages, interest, dividends, pensions, rents, social security, or welfare? (If yes, complete lines 2, 3, 4 and 5)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Total income the supported person received	\$
3) Amount of income used for support	\$
4) Amount of income used for other purposes	\$
5) Amount of income saved	\$
The total of lines 3, 4, and 5 should equal line 2)	
<b>Expenses</b>	
6) Lodging (complete item a or b)	
a) Rent paid	\$
b) If not rented, show fair rental value of home. If the person you supported owned the home, include this amount in line 20.	\$
7) Food	\$
8) Utilities (heat, light, water, etc. not included in line 6a or 6b)	\$
9) Repairs (not included in line 6a or 6b)	\$
10) Other. Do not include expenses of maintaining home, such as mortgage interest, real estate taxes, and insurance.	\$
11) Total household expenses (Add lines 6 through 10)	\$
12) Total number of persons who lived in household	
<b>Expenses for the Person your Parent(s) Supported</b>	
13) Each person's part of household expenses (line 11 divided by line 12)	\$
14) Clothing	\$
15) Education	\$
16) Medical, dental	\$
17) Travel, recreation	\$
18) Other (specify):	\$
19) Total cost of support for the year (Add lines 13 through 18)	\$
20) Amount the person provided for own support (line 3, plus line 6b if the person you supported owned the home).	\$
21) Amount others provided for the person's support. Include amounts provided by state, local and other welfare societies or agencies. Do not include any amounts included on line 2.	\$
22) Amount you provided for the person's support (line 19 minus lines 20 and 21).	\$
23) 50% on line 19	\$
If line 22 is more than line 23, the support test for the person has been met. If the person meets the other dependency tests, you may claim an exemption for that person. If line 23 is more than line 22, you may still be able to claim an exemption for that person under a multiple support agreement.	

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

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Reviewer Initials \_\_\_\_\_

Review Date \_\_\_\_\_