



DEPENDENT SUPPORT STATEMENT

2011-2012

Name (Please Print) _____
Student ID Number _____
Social Security Number XXX-XX- _____

In order to process your student aid application, our office must confirm that you are providing more than fifty percent (50%) of the financial support for your dependents from July 1, 2011 through June 30, 2012. Please complete this form entirely.

PART I – To be completed by student

Please list the names of your dependents, **excluding your children and spouse**, whom you provide more than 51% of their financial support. This amount may include, but is not limited to, rent, utilities, food, transportation, medical, clothing, and other personal expenses.

Dependent Name	Age	Relationship	Length of time living with you	Date support began

Indicate your sources of income and benefits received monthly, along with the **TOTAL AMOUNT** received from July 1, 2011 –June 30, 2012.

Student’s Income Information

Source of Income	2011 Monthly Amount	Total Amount in 2011
Earnings from employment	\$	\$
Unemployment benefits	\$	\$
Welfare/TANF/AFDC	\$	\$
Housing Assistance	\$	\$
Child Support	\$	\$
Social Security	\$	\$
Food Stamps	\$	\$
Monetary gifts from other people	\$	\$
Other (please identify)	\$	\$

PART II – Income and resources of the dependent(s) listed in Part I of this worksheet

Please list the source of income and benefits received monthly by each of your dependents listed on Part I of this worksheet.

Dependent(s) Income Information

Source of Income	1 st Dependent 2011 Monthly Amount	2 nd Dependent 2011 Monthly Amount	3 rd Dependent 2011 Monthly Amount
Earnings from employment	\$	\$	\$
Unemployment benefits	\$	\$	\$
Welfare/TANF/AFDC	\$	\$	\$
Housing Assistance	\$	\$	\$
Child Support	\$	\$	\$
Social Security	\$	\$	\$
Food Stamps	\$	\$	\$
Monetary gifts from other people	\$	\$	\$
Other (please identify)	\$	\$	\$



