

Please return this form to: Louisiana Tech University Office of Financial Aid P.O. Box 7925 Ruston, LA 71272

(SSN of Supported Person)

2022-2023 Verification Determining Support Worksheet

This form is used to determine the amount of financial support that is given by the parent(s) and/or student to a person in the home that is not a member of the immediate family. (Examples: grandparents, nieces/nephews, aunts/uncles, grandchildren, etc...)

Dependent Students: Have your parent(s) complete this form for the child or other person that they support. Independent Students: Complete this form for the child or other person you (and your spouse, if married) support. Monthly Income for the Person You or Your Parent(s) Supported Did the person you support receive any income (such as child support, social security, welfare, Circle one: YES or NO 1 wages, interest, dividends, pensions, or rent...)? If yes, complete lines 2, 3, 4, and 5. \$ 2 Total income received. (The total of lines 3, 4, and 5 should equal line 2.) 3 Amount of income used for living expenses. \$ 4 \$ Amount of income used for other purposes (specify). 5 Amount of income saved. \$ **Monthly Expenses for the Entire Household** (where the person you or your parent(s) supported lived) Lodging (Complete Item A or B) 6 A) Rent paid \$ \$ B) Mortgage/Fair Rental Value. If the person you supported owned the home, include this amount in line 20. \$ 7 Food 8 Utilities \$ 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 6-10). \$ 12 Total number of persons who live in the household. \$ Monthly Expenses for the Person You or Your Parent(s) Support. Supported person's part of household expenses (line 11 divided by line 12) 13 14 Clothing \$ Education \$ 15 Medical, Dental \$ 16 \$ 17 Travel, Recreation 18 Other (specify): \$ 19 Total cost of support for the month (add lines 13-18). Lines 20, 21, 22, and 23 should equal Line 19) \$ \$ 20 Amount the person provided for own support (Line 3, plus Line 6B, if the person you supported owned the house) Amount others provided for the person's support (include amounts provided by state, local, and other welfare Ś 21 societies/agencies, as well as amounts paid by others.) Do not include any amounts included on Line 2. 22 \$ Amount your parents provide for the person's support. \$ 23 Amount you and spouse (if married) provided for the person's support. Student Signature: Tech CWID#: Parent Signature: Date (If Dependent) Signature of Supported Person: SSN#:

(Exclude Minor)