LOUISIANA TECH UNIVERSITY
Office of Financial Aid

Verification Determining Support Worksheet 2023-2024

Please return this completed form to:
Louisiana Tech University
Office of Financial Aid
PO Box 7925 Ruston, LA 71272

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: grantparents, 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.

STUDENT'S Last Name	First Name	MI	STUDENT'S CWID or SSN

Funds Belonging to the Person You Supported

1.	Enter the total funds belonging to the person you supported, including income received (taxable and nontaxable) and amounts borrowed during the year, plus the amount in savings and other accounts at the beginning of the year. Don't include funds provided by the state; include those amounts on Line 23.	$
2.	Enter the amount on Line 1 that was used for the person's support.	$
3.	Enter the amount on Line 1 that was used for other purposes.	$
4.	Enter the total amount in the person's savings and other accounts at the end of the year.	$
5.	Total Lines 2 through 4. (This total should equal Line 1.)	$

Monthly Expenses for the Entire Household (where the person you supported lived)

6.	Lodging (complete Line 6a or 6b):	$
	6a) Enter the total rent paid	$
	6b) Enter the fair rental value of the home. If the person you supported owned the home, also include this amount in Line 21.	$
7.	Enter the total food expenses	$
8.	Enter the total amount of utilities (heat, light, water, etc., not included in Line 6a or 6b)	$
9.	Enter the total amount of repairs (not included in Line 6a or 6b)	$
10.	Enter the total amount of other expenses. Don't include expenses of maintaining the home, such as mortgage interest, real estate taxes, and insurance	$
11.	Add Lines 6a through 10. These are the total household expenses	$
12.	Enter the total number of persons who lived in the household	

Expenses for the Person You Supported

13.	Divide Line 11 by Line 12. This is the person's share of the household expenses	$
14.	Enter the person's total clothing expenses	$
15.	Enter the person's total education expenses	$
16.	Enter the person's total medical and dental expenses not paid for or reimbursed by insurance	$
17.	Enter the person's total travel and recreation expenses	$
18.	Enter the total of the person's other expenses	$
19.	Add Lines 13 through 18. This is the total cost of the person's support for the year.	$

Did the Person Provide More Than Half of His or Her Own Support?

20.	Multiply Line 19 by 50% (.50)	$
21.	Enter the amount from Line 2, plus the amount from Line 6b, if the person you supported aowned the home. This is the amount the person provided for his or her own support	$
22.	Is Line 21 more than Line 20?	

NO. You meet the support test for this person to be your qualifying child. If this person also meets the other tests to be a qualifying child, **STOP HERE**; don't complete Lines 23-26. Otherwise, go to Line 23 and complete the remainder of this worksheet to determine if this person is your qualifying relative.

YES. You don't meet the support test for this person to be either your qualifying child or your qualifying relative.
STOP HERE.

Did You Provide More Than Half?

23.	Enter the amount others provided for the person's support. Include amounts provided by state, local, and other welfare societies or agencies. Don't include any amounts including in Line 1	$
24.	Add Lines 21 and 23	$
25.	Subtract Line 24 from Line 19. This is the amount you provided for the person's support	$
26.	Is Line 25 more than Line 20?	$

YES. You meet the support test for this person to be your qualifying relative

NO. You don't meet the support test for this person to be your qualifying relative. You can't claim this person as a dependent unless you can do so under a multiple support agreement, the support test for children of divorced or separated parents, of the special rule for kidnapped children.

Student Signature: **Date:**

Parent Signature: **Date:**

**Supported Person's
Signature:**   **Date:**

Supported Person's SSN